

P22 000030696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

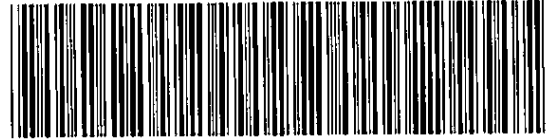
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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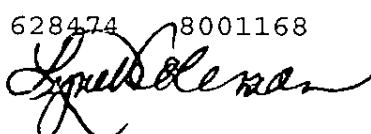
SECRETARY OF STATE
TALLAHASSEE, FL 0811

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 628474 8001168

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : April 19, 2022

ORDER TIME : 8:16 AM

ORDER NO. : 628474-005

CUSTOMER NO: 8001168

DOMESTIC FILING

NAME: KBS MEDICAL, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: KBS Medical, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Paul D. Squire, Esq.

Name (Printed or typed)

Polsinelli, P.C., 600 Third Avenue, 42nd Floor

Address

New York, New York 10016

City, State & Zip

646-289-6513

Daytime Telephone number

psquire@polsinelli.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2022

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: KBS MEDICAL, P.A.
Ref. Number: W22000052495

We have received your document for KBS MEDICAL, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the of the Title in Article V.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00009238

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 APR 22 PM 3:19

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: KBS Medical, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
244 Fifth Avenue, Suite 2486
New York, New York 10001

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medicine, including psychiatry.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard James Boxer, M.D.

Name and Title: _____

Address President, Secretary & Treasurer
7104 Juniper Draw
Park City, Utah 84098

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard James Boxer, M.D.

Address: 7104 Juniper Draw

Park City, Utah 84098

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Alexis Weirnd, assistant vice president
Required Signature/Registered Agent

04/22/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Richard J. Boxer
Required Signature/Incorporator

4/19/2022
Date