

P22 000031208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

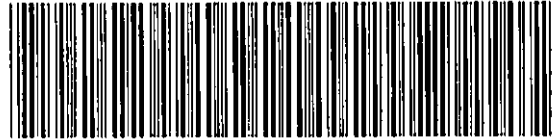
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FL

2022 APR 26 AM 10:03

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STATE OF FLORIDA  
TALLAHASSEE, FL

2022 APR 26 PM 3:27

RECEIVED

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 4/26/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1031890

**ORDER ENTITY**

HEXAGON HEALTH SOLUTIONS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
HEXAGON HEALTH SOLUTIONS, INC. ( FL)

Please file the attached articles and provide a certificate of status.

**NOTES:**

\$78.75 Authorized  
Email address for annual report reminders: CPenazek@HarrisBeach.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: Hexagon Health Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

251 W 30th St, 5th Floor  
New York, NY 10001

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ALLAHBADER, FIL

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jennifer Rudolph, President/Director

Name and Title: Kerri Riccardo, Secretary/Director

Address 251 W 30th St, 5th Floor  
New York, NY 10001

Address: 251 W 30th St, 5th Floor  
New York, NY 10001

Name and Title: Kelli Lionetti, Treasurer/Director

Name and Title: \_\_\_\_\_

Address 251 W 30th St, 5th Floor  
New York, NY 10001

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: Kelli Lionetti  
 Address: 11210 Orange Hibiscus Lane  
Palm Beach Gardens, FL 33418

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Carla J. Penazek  
 Address: 99 Garnsey Road  
Pittsford, NY 14534

7D  
 STATE OF FLORIDA  
 TALLAHASSEE, FL  
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**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*

/s/ Kelli Lionetti  
 \_\_\_\_\_  
 Required Signature/Registered Agent

April 26, 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.*

/s/ Carla J. Penazek  
 \_\_\_\_\_  
 Required Signature/Incorporator

April 26, 2022  
 \_\_\_\_\_  
 Date