

P22000031214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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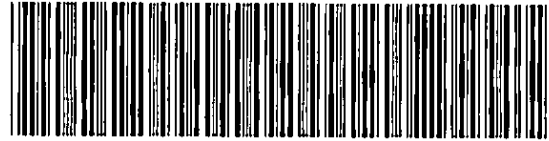
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL

2022 APR 26 AM 10:10

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OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **April 26, 2022**

Account#: I200000000088

Name: **James Brodbeck**

Reference #: **1655545**

Entity Name: **Sitka Medical Group, P.A.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Certified copy upon filing**

Authorized Amount: **\$78.75**

Signature: 

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: Sitka Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

712 H St. NE

PMB 12

Washington, DC 20002

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of the corporation is to engage in the practice of medicine and other lawful activities

not prohibited to a corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Nguyen, President Name and Title: \_\_\_\_\_

Address: 712 H St. NE Address: \_\_\_\_\_

PMB 12

Washington, DC 20002

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

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

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

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

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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: COGENCY GLOBAL INC.  
Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
ID

**ARTICLE VII INCORPORATOR**

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

Name: Anthony Nguyen  
Address: 712 H St. NE PMB 12  
Washington, DC 20002

**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*

John Beaman  
Required Signature/Registered Agent

4/22/2022

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.*

ANguyen  
Required Signature/Incorporator

4/22/2022

Date