P22 000038038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800387768478

FILED
2022 MAY 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 MAY 18 PM 3:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 691600 8001168

AUTHORIZATION :

COST LIMIT : $ 70.00

FILED
2022 MAY 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 18, 2022

ORDER TIME : 10:56 AM

ORDER NO. : 691600-005

CUSTOMER NO: 8001168

DOMESTIC FILING

NAME: OCTAVE BEHAVIORAL, 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: Octave Behavioral, 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

FILED
2022 MAY 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Grace Grinnell
Octave Health, Inc.
Name (Printed or typed)

625 Market Street
Address

San Francisco, CA 94105
City, State & Zip

415-360-3833
Daytime Telephone number

ggrinnell@findoctave.com
E-mail address: (to be used for future annual report notification)

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

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: Octave Behavioral, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
625 Market St, San Francisco CA 94105	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The practice of medicine

FILED
2022 MAY 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Ankush Bansal, President
Address: 625 Market St San Francisco, CA 94105

Name and Title: Dr. Ankush Bansal, Treasurer
Address: 625 Market St San Francisco, CA 94105

Name and Title: Dr. Ankush Bansal, Secretary
Address: 625 Market St San Francisco, CA 94105

Name and Title: Dr. Ankush Bansal, Sole Director
Address: 625 Market St San Francisco, CA 94105

Name and Title:
Address:

Name and Title:
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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

FILED
2022 MAY 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Dr. Ankush Bansal

Address: 625 Market St San Francisco, CA 94105

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 Weibel, assistant vice president — 05/18/2022

Required Signature/Registered Agent — 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.

AP — 05 / 16 / 2022

Required Signature/Incorporator — Date