

P22 000038038

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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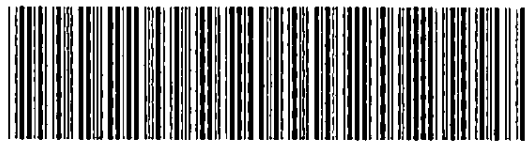
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

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

ACCOUNT NO. : I20000000195

REFERENCE : 691600 8001168

AUTHORIZATION :

COST LIMIT : \$ 70.00

*[Signature]*

ORDER DATE : May 18, 2022

ORDER TIME : 10:56 AM

ORDER NO. : 691600-005

CUSTOMER NO: 8001168

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TALLAHASSEE, FLORIDA

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**

**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

**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

Name and Title: Dr. Ankush Bansal, Treasurer

Address 625 Market St San Francisco,  
CA 94105

Address: 625 Market St San Francisco,  
CA 94105

Name and Title: Dr. Ankush Bansal, Secretary

Name and Title: Dr. Ankush Bansal, Sole Director

Address 625 Market St San Francisco,  
CA 94105

Address: 625 Market St San Francisco,  
CA 94105

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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

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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 Weibnd, assistant vice president  
Required Signature/Registered Agent

05/18/2022  
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.*

AKB  
Required Signature/Incorporator

05 / 16 / 2022  
Date