

P22000047417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

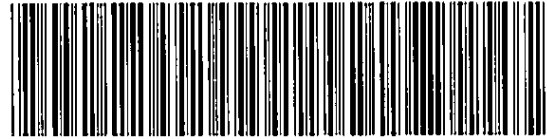
(Business Entity Name)

(Document Number)

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

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2022 JUN 10 PM 3:36  
SECTION 601.01  
TALLAHASSEE, FL

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2022 JUN 10 AM 11:45  
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TALLAHASSEE, FL



**COGENCYGLOBAL**

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

Date: **June 09, 2022**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1708742**

Entity Name: **LIN HEALTH 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 of the filing evidence - thank you!**

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$78.75**

Signature: *David Shulman*

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Lin Health Medical Group, P.A.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

3513 Brighton Blvd. Suite 457

Denver, CO 80216

Mailing address, if different from:

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in the profession of medicine and any 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: Jonah Mink

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

Address: - Director/President/CEO

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

3513 Brighton Blvd. Suite 457

Denver, CO 80216

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

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

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

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

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 TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Jonah Mink  
 Address: 3513 Brighton Blvd. Suite 457  
Denver, CO 80216

**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/ Eric Hood, Assistant Secretary

Required Signature/Registered Agent

06/09/2022

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.*

Jonah Mink

Required Signature/Incorporator

06/07/2022

Date