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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 06/22/2022

Name: Merritt Walker

Reference #: 1715862

Entity Name: ANSIBLE 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

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Signature: 

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Ansible Health Medical Group, 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: Marc Goldsand
Name (Printed or typed)
3109 Grand Ave #225
Address
Miami, FL 33133
City, State & Zip
305-697-8006
Daytime Telephone number
mgoldsand@goldsandfriedberg.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: Ansible Health Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
229 Polaris Ave, Suite 10
Mountain View, CA 94043

Mailing address, if different is:

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: Steve Winiarski

Address: - Director/President/CEO

229 Polaris Ave, Suite 10

Mountain View, CA 94043

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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

ARTICLE VII INCORPORATOR

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

Name: Steve Winiarski

Address: 229 Polaris Ave, Suite 10

Mountain View, CA 94043

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 Breman
Required Signature/Registered Agent

6/22/2022

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.817.135, F.S.

Steve Winiarski

Required Signature/Incorporator

06/21/2022

Date

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