

P22000052702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

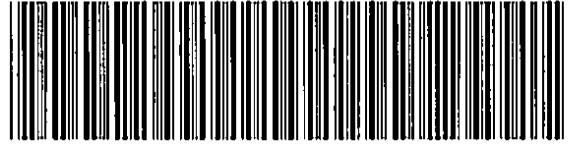
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000389968980

FILED

2022 JUN 29 AM 10:49

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2022 JUN 29 AM 10:48

STATE OF FLORIDA
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/29/2022

Acc#120160000072

W: C D W

Name:	South Florida Physicians IPA, Inc.
Document #:	
Order #:	14417428

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

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

SUBJECT: South Florida Physicians IPA, Inc.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Fred Sternberg

Name (Printed or typed)

2455 E. Sunrise Blvd., Ste. 1204

Address

Ft. Lauderdale, FL 33304

City, State & Zip

(561) 214-1999

Daytime Telephone number

fred.sternberg@jahahealthcare.net

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: South Florida Physicians IPA, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2455 E. Sunrise Blvd.
Suite 1204
Ft. Lauderdale, FL 33304
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 50M common, 10M preferred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>President Fred Sternberg</u>	Name and Title:	<u>VP Paul Rothman</u>
Address	<u>2455 E. Sunrise Blvd.</u> <u>Suite 1204</u> <u>Ft. Lauderdale, FL 33304</u>	Address:	<u>2455 E. Sunrise Blvd.</u> <u>Suite 1204</u> <u>Ft. Lauderdale, FL 33304</u>

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

FILED
2022 JUN 29 AM 10:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road Plantation.

FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Joel D. Mayersohn

Address: 350 East Las Olas Blvd., Ste. 1750

Ft. Lauderdale, FL 33301

FILED
2022 JUN 29 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FL**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*By: C T Corporation System
Nichol McCroy Nichol McCroy, Assistant Secretary
Required Signature Registered Agent

06/28/2022

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.

DocuSigned by:

Joel Mayersohn

6/28/2022

Required Signature/Incorporator

Date