

P22000055068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

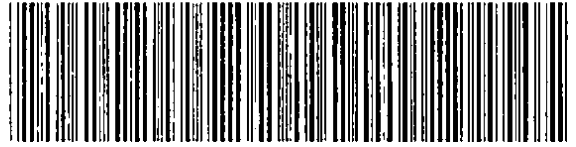
(Document Number)

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

Special Instructions to Filing Officer:

WZ000088436

Office Use Only



900387339049

RECEIVED

2022 JUL -1 PM 4:11

ALLAHASSEE, ALA

FILED

2022 JUL -8 PM 2:05

ALLAHASSEE, ALA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 JUL -8 AM 11:46  
TALLAHASSEE, FL

July 1, 2022

COGENCY GLOBAL

SUBJECT: CH MEDICAL, P.A.  
Ref. Number: W22000088436

We have received your document for CH MEDICAL, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L20000112439.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 322A00014963

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2022 JUL -8 PM 2:05  
TALLAHASSEE, FL



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

Account#: 120000000088

Date: 07/08/2022

Name: Greg Pintacuda

Reference #: 1729659

Entity Name: CHARLIE HEALTH MEDICAL, P.A.

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Please provide certified copy after filing

Authorized Amount: \$78.75

Signature: 

2022 JUL - 8 PM 2:05

FILED

## COVER LETTER

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

**SUBJECT:** Charlie Health Medical, 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      ☐ \$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:** Patrick Davoodi  
Name (Printed or typed)  
1875 Century Park East, Suite 1600  
Address  
Los Angeles, CA 90067  
City, State & Zip  
(626) 372-1216  
Daytime Telephone number  
pdavoodi@health-law.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

**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: Charlie Health Medical, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1560 Sawgrass Corporate Parkway  
Sunrise, FL 33323

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medicine

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Chet A. Tharpe, M.D. (Director, President, Sec. Treasurer)</u>	Name and Title: _____
---	-----------------------

Address <u>1560 Sawgrass Corporate Parkway</u>	Address: _____
<u>Sunrise, FL 33323</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

**FILED**  
2022 JUL -8 PM 2:05  
CLERK OF CIRCUIT COURT  
DADE COUNTY 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: 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: Patrick Davoodi  
Address: 1875 Century Park East, Suite 1600  
Los Angeles, CA 90067

**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*

Joe Morris Joe Morris, Assistant Secretary of Cogency Global Inc. 7/7/2022  
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.*

DocuSigned by: Patrick Davoodi 7/1/2022  
Required Signature/Incorporator Date

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2022 JUL -8 PM 2:05  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT