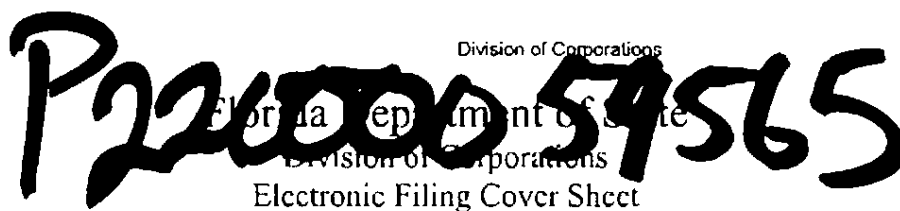


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Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Gem Health Specialty Sleep Services, P.A.**

Certificate of Status	0
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**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: Gem Health Specialty Sleep Services, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2214 5th Street #5SameWhite Bear Lake, MN 55110**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to provide medical services**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Andrew Zinkel, M.D.

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

Address President, Treasurer, Secretary, Director

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

2214 5th Street #5White Bear Lake, MN 55110

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

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: C T Corporation SystemAddress: 1200 South Pine Island RoadPlantation, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Andrew Zinkel, M.D.Address: 2214 5th Street #5White Bear Lake, MN 55110**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*Meredith Hellwig Meredith Hellwig, Assistant Secretary  
Required Signature/Registered Agent07/26/2022

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:

Andrew Zinkel  
Required Signature/Incorporator

July 26, 2022

Date

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