

8/4/22, 2:34 PM

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Division of Corporations
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To:

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

Please keep original file
date of 8/4/2022.

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Elovee Therapy Services, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Elovee Therapy Services, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address
10 Hudson Yards, 46th Floor
New York, NY 10001

Mailing address, if different is: _____

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: to engage in the practice of one or more professional services.

The purpose of the Corporation is any lawful act or activity for which a professional service corporation engaged in such profession may be organized under the Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, and for which such a corporation is permitted to engage in under other applicable law. In furtherance of its corporate purposes, the Corporation shall have all or general and specific powers and rights granted to and conferred on a corporation by the Professional Services Corporation and Limited Liability Company Act.

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Susan Kane, Director

Name and Title: _____

Address: 2106 SE 8 Terrace

Address: _____

Cape Coral, FL 33990

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Liana Sulaimon
 Address: 505 Howard Street, Suite 100
San Francisco, CA 94105

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 *Stephan A. Henry* 08/03/2022
 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.

[Signature] August 3, 2022
 Required Signature/Incorporator Date

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