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(Requestor's Name)

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(City/State/Zip/Phone #)

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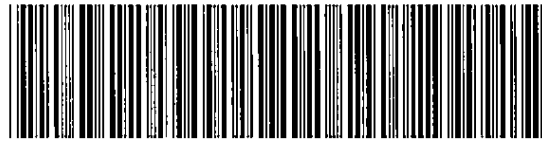
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **August 17, 2022**

Name: **David Shulman**

Reference #: **1764506**

Entity Name: **FERROUS HEALTH MEDICAL GROUP, P.A.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Please provide a certified copy of the filing evidence.**

ISSUES? CALL
David:
850-270-0082

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OFFICE OF CORPORATE AFFAIRS
STATE OF FLORIDA

Authorized Amount: **\$78.75**

Signature: David Shulman



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TALLAHASSEE, FL 32301

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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:

Ferrous Health Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

85 5th Ave, 8th Floor

Mailing address, if different is:

New York, NY 10003

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: Saba Haq

Name and Title:

Address - Director/President/CEO

Address:

85 5th Ave, 8th Floor

New York, NY 10003

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

22 AUG 18 AM 3:08
FEB 15 2018
CORPORATION

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: Saba Haq
Address: 85 5th Ave, 8th Floor
New York, NY 10003

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

/s/ Eric Hood, Assistant Secretary

8/17/2022

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.

Saba Haq MD

08/17/2022