

P22 000066323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

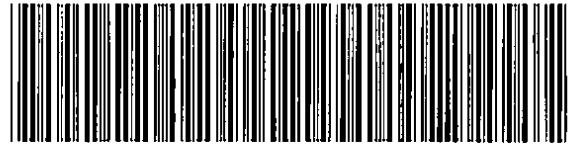
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200393145862

S. CHATHAM
AUG 25 2022

FLORIDA

2022 AUG 24 PM 4:08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 AUG 24 PM 3:10

COVER LETTER

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

SUBJECT: Fort Health Medical Group, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Marc Goldsand
Name (Printed or typed)
3109 Grand Ave #225
Address
Miami, FL 33133
City, State & Zip
305-697-8006
Daytime Telephone number
mgoldsand@goldsandfriedberg.com
E-mail address: (to be used for future annual report notification)

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



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

Account#: I20000000088

Date: 08/24/2022

Name: Chris Vick

Reference #: 1768129

Entity Name: FORT HEALTH MEDICAL GROUP, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

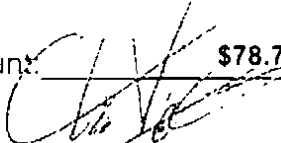
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$78.75

Signature: 

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: Fort Health Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>85 5th Ave, 8th Floor</u> <u>New York, NY 10003</u>	Mailing address, if different is: _____ _____ _____
--	--

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: <u>Saba Haq</u> Address: <u>- Director/President/CEO</u> <u>85 5th Ave, 8th Floor</u> <u>New York, NY 10003</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 24 PM 3:10

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 24 PM 3:10

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 my appointment as registered agent and agree to act in this capacity

08/24/2022

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

Required Signature/Incorporator

08/23/2022

Date