(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/23/2022	
Name:	Greg Pintacuda	_
Reference #	1767629	_
	:INFLOW	HEALTH, P.A.
✓ Articl	es of Incorporation/Authorization	
☐ Chan	ge of Agent	
☐ Reins	statement	
☐ Conv	rersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other	ſ	
Authorized A	- Ma///-	

F: 800.944.6607



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

Account#: 120000000088

Date:	08/23/2022	
	Greg Pintacuda	_
Reference	ce #: 1767629	_
Entity Na	ame:INFLOW	HEALTH, P.A.
	rticles of Incorporation/Authorization	
A	mendment	
□ C	hange of Agent	
□R	leinstatement	
□ c	Conversion	
□ M	1erger	
D	Pissolution/Withdrawal	
F	ictitious Name	
	Other	
Authoriz Signatur	re:\$70	

P: +852.2682.9633

F: +852.2682.9790

COVER LETTER

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

SUBJECT:ln	flow Health, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Patrick Davoodi	(5.1.1.1.1.1)	
_	1875 Century Park East, Su		
	Los Angeles, CA 90067	Address	,
	City.	State & Zip	•
	(626) 372-1216		
	Daytime To	elephone number	
	pdavoodi@health-law.com		
	F-mail address: (to be used	for future annual report n	otification)

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

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

CLE I NAM CLE II PRIN	CIPAL OFFICE		
CLE II PRIP	Principal street address	Maili	ing address, if different is:
/. Nine Mile Ro	ad		
acola, FL 3253			
<u> </u>		_	
ICLE III PUR	POSE _		
urpose for which	the corporation is organized is: Pract	ice of Medicine	
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
ICLE IV SHA	RES of stock is: 100		
number of shares	TAL OFFICERS AND/OR DIRECTORS Christopher R. DeNapoles, M.D.	Name and Title:	
number of shares	of stock is: 100 TAL OFFICERS AND/OR DIRECTORS	Name and Title:	
number of shares ICLE V INIT Name and T	CIAL OFFICERS AND/OR DIRECTORS Christopher R. DeNapoles, M.D. (Director, CEO, President, Sec. Treasurer)	Name and Title: Address:	
number of shares	Christopher R. DeNapoles, M.D. itle: (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road		
number of shares ICLE V INIT Name and T	CIAL OFFICERS AND/OR DIRECTORS Christopher R. DeNapoles, M.D. itle: (Director, CEO, President, Sec., Treasurer)		2022
number of shares ICLE V INIT Name and T	Christopher R. DeNapoles, M.D. itle: (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road		2022
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number of shares ICLE V INIT Name and T Address	Christopher R. DeNapoles, M.D. (Ide: (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road Pensacola, FL 32534	Address:	2022 AUG 24
number of shares ICI.E V INIT Name and T Address	Christopher R. DeNapoles, M.D. (Ide: (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road Pensacola, FL 32534	Address: Name and Title:	2022 AUG 24
number of shares ICLE V INIT Name and T Address	Christopher R. DeNapoles, M.D. (Ide: (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road Pensacola, FL 32534	Address: Name and Title:	2022 AUG 24
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number of shares ICLE V INIT Name and T Address Name and Ti	Christopher R. DeNapoles, M.D. (Ide: (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road Pensacola, FL 32534	Address: Name and Title:	2022 AUG 24 MM 8: 25
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Name and Ti Address Address	Christopher R. DeNapoles, M.D. (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road Pensacola, FL 32534	Address: Name and Title: Address:	2022 AUG 24 AM 8: 25
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Name and Ti Address Address	Christopher R. DeNapoles, M.D. (Director, CEO, President, Sec., Treasurer) 40 W. Nine Mile Road Pensacola, FL 32534	Address: Name and Title: Address: Name and Title:	2022 AUG 24 AM 8: 25

Name	and Title: Name and Title:	
Addr	ess Address:	
	REGISTERED AGENT 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	
The <u>name and</u> Name:	address of the Incorporator is: Patrick Davoodi	
Name:	Patrick Davoodi	
Address:	1875 Century Park East, Suite 1600	
	Los Angeles, CA 90067	
	I EFFECTIVE DATE: if other than the date of filing:	or 90 days afte
Effective date, (If an effective filing.) Note: If the date.	ate inserted in this block does not meet the applicable statutory filing requirements, this seffective date on the Department of State's records.	s date will not
Effective date, (If an effective filing.) Note: If the dathe document's Having been n	ate inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records. amed as registered agent to accept service of process for the above stated corporation at a familiar with and accept the appointment as registered agent and agree to act in this contact.	the place desig apacity
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Effective date. (If an effective filing.) Note: If the dathe document's Having been in certificate. I and the document is a submit this a	ate inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records. amed as registered agent to accept service of process for the above stated corporation at	the place designapacity 8/23/202 Date Information sui