

P22000084067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

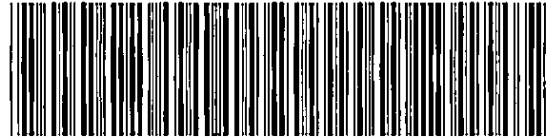
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400396615884

RECEIVED
2022 NOV -3 PM 7:35

RECEIVED
2022 NOV -4 PM 4:36

COVER LETTER

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

SUBJECT: Femgevity of Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael Alan Abrahams
Name (Printed or typed)
41 Hampton Court
Address
Bergenfield, NJ 07621
City, State & Zip
917-846-9804
Daytime Telephone number
drabrahams@femgevityhealth.com
E-mail address: (to be used for future annual report notification)

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



COGENCYGLOBAL

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

Date: **November 04, 2022**

Account#: 120000000088

Name: **KEN**

Reference #: **1828897**

Entity Name: **FEMGEVITY OF FLORIDA, P.A.**

☒ **Articles of Incorporation/Authorization to Transact Business**

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

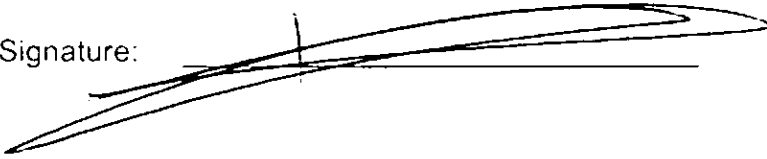
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ **Other ** PLEASE RETAIN ORIGINAL FILE DATE OF 11/3/22 ** & ** CERTIFIED COPY UPON FILING ****

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$78.75**

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2022

COGENCY GLOBAL, INC.

SUBJECT: FEMGEVITY OF FLORIDA, P.A.
Ref. Number: W22000139184

We have received your document for FEMGEVITY OF FLORIDA, P.A.. However, the document has not been filed and is being returned for the following:

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 322A00024778

2022 NOV -4 PM 4:36

RECEIVED

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: Femgevity of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1401 Washington St.

28 Shadyside Dr.

Hoboken, NJ 07039

Wyckoff, NJ 07481

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Practice of Medicine

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares; Par Value \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Alan Abrahams, President Name and Title: _____

Address 41 Hampton Court Address: _____

Bergenfield, NJ 07621

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

22 NOV -3 PM 7:05
DIVISION OF CORPORATE AFFAIRS

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 N CALHOUN ST, STE. 4

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Alan Abrahams

Address: 41 Hampton Court

Bergenfield, NJ 07621

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

James Thomas O'Shaughnessy
Required Signature/Registered Agent

11-3-2022
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:
Michael Alan Abrahams
Required Signature/Incorporator

11/2/2022

Date

FILED
DIVISION OF CLERK OF COURT
22 NOV -3 PM 7:00