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COVER LETTER

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

BodySpec Medical Group, P.A. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: 3 \$87.50 **□** \$70.00 3 \$78.75 □ \$78.75 Filing Fee. Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Marc Goldsand FROM: _____ Name (Printed or typed) 3109 Grand Ave. #225 Address Miami, FL 33133 City, State & Zip 305-697-8006 Daytime Telephone number mgoldsand@goldsandfriedberg.com

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

E-mail address: (to be used for future annual report notification)



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

Account#: 120000000088

Date:	12/01/2022				
	Chris Vick				
Reference #:	4044000	<u> </u>			
Entity Name:	BODYSPEC M	EDICAL GROUP, P.A.			
✓ Article	s of Incorporation/Authorizatio	n to Transact Business			
Amend	dment				
Chang	e of Agent				
Reinst	atement				
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
✓ Other_	CERTIFI	ED COPY UPON FILING			
Authorized Al	mount: \$78.75	<u></u>			

F: 800.944.6607

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: Bo	dySpec Medical Gro	oup, P.A.	
ARTICLE II PRINCIPAL OFFICE Principal street 5555 N. Lamar Blvd Ste L 131 Austin, TX 78751	address		ress, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is The purpose of the corporation	-	profession of medicine	and any other
lawful activities not prohibited	to a corporation eng	gaging in such professio	n by
Name and Title:	<u>4ND/OR DIRECTORS</u> lle Czanko, MD nar Blvd Ste L131	Name and Title:Address:	2 DEC - 1 PH 4: 28
		_	

Name	and Title:	Name and Title:
Address		Address:
ARTICLE LT	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	<u> </u>
<u>ARTICLE VII</u>	I_INCORPORATOR	23 22 23 22 24 01310 A
The <u>name and</u>	address of the Incorporator is:	
Name:	Lisa Michelle Czanko	<u> </u>
Address:	5555 N Lamar Blvd Ste L131	
	Austin, TX 78751	- 82 th
	H_EFFECTIVE DATE: , if other than the date of filing: e date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
	ate inserted in this block does not meet the applicab s effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
	named as registered agent to accept service of proce . I am familiar with and accept the appointment as i	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
/s/Matthew	Asis	11/30/2022
	Required Signature/Registered Agent	Date
I submit this a		re true. I am aware that the false information submitted in a long as provided for in s.817.155, F.S.
lisa Cyan		11/18/2022
E4FFD44A92664 Rec	4g/ quired Signature/Incorporator	Date