

P23000007659

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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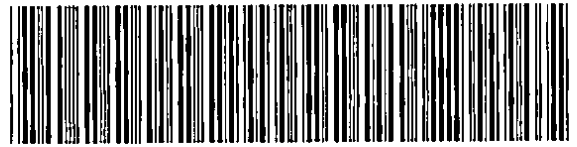
(Business Entity Name)

(Document Number)

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Office Use Only



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S. CHATHAM  
JAN 31 2023

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2023 JAN 30 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 JAN 30 PM 4:07

CLERK OF COURT  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 01/30/2023

**xx** **CERTIFIED COPY**

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**ARTICLES**

1. **GHG PSN NETWORK, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: GHG PSN Network, Inc.

(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: Marc Auerbach  
Name (Printed or typed)

806 S. Douglas Rd., suite 700  
Address

Coral Gables, FL 33134  
City, State & Zip

(305) 878-5540  
Daytime Telephone number

margote@geniunehealthgroup.com  
E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME**

The name of the corporation shall be: GHG PSN Network, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

806 S. Douglas Rd.  
Ste. 700

Coral Gables, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Health Care - HMO

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**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joseph Caruncho, President

Name and Title: \_\_\_\_\_

Address 806 S. Douglas Rd.  
Ste. 700  
Coral Gables, FL 33134

Address: \_\_\_\_\_

Name and Title: Joseph Caruncho, Director

Name and Title: \_\_\_\_\_

Address "

Address: \_\_\_\_\_

"

"

Name and Title: Joseph Caruncho - Sec.

Name and Title: \_\_\_\_\_

Address "

Address: \_\_\_\_\_

"

"

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: Marc H. Auerbach  
Address: 806 S. Douglas Rd., Ste. 700  
Coral Gables, FL 33134

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**ARTICLE VII INCORPORATOR**

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

Name: Marc H. Auerbach  
Address: 806 S. Douglas Rd., Ste. 700  
Coral Gables, FL 33134

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/30/23 (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*

Marc H. Auerbach

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.*

Marc H. Auerbach

Required Signature Incorporator

\_\_\_\_\_  
Date