

P 23000008534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

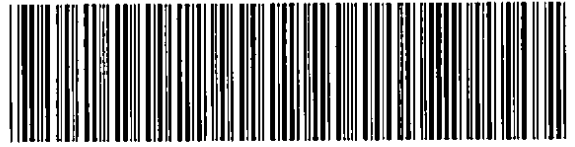
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
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TALLAHASSEE, FL

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TALLAHASSEE, FL



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

Account#: 120000000088

Date: 02/02/2023

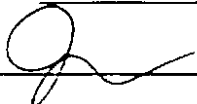
Name: Jennifer Bialowas

Reference #: 1904078

Entity Name: 9AMHEALTH MEDICAL GROUP, P.A.

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Upon filing please provide a certified copy

Authorized Amount: 78.75

Signature: 

**COVER LETTER**

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

**SUBJECT:** 9amHealth 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:** Goldsand Friedberg LLP  
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.**

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:

9amHealth Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

914 N Coast Hwy 101

Ste A

Encinitas, CA 92024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in the practice of medicine and 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: **Jonah Mink, President**

Address: **914 N Coast Hwy 101**

**Ste A**

**Encinitas, CA 92024**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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

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

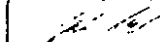
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: COGENCY GLOBAL INC.Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Jonah MinkAddress: 914 N Coast Hwy 101 Ste A  
Encinitas, CA 92024**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*Jeremy Seims, Jeremy Seims, Assistant Secretary of Cogency Global Inc. 2/1/2023  
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.*

DocuSigned by:



980285 Required Signature/Incorporator

1/31/2023

Date

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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**