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

Date: March 08, 2023	Account#: I20000000088
Name: James Brodbeck	
Reference #:1932031	
Entity Name: AMPLE HEALTH MEDICAL GROUP, P.A	<u>.</u>
Articles of Incorporation/Authorization to Transact Busines	SS
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$70.00 Signature:	

COVER LETTER

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

SUBJECT:	Ample Health Medical Group, P.A. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 PPY REQUIRED	

FROM:	Goldsand Friedberg LLP
I KOWI	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 The name of the	<i>NAME</i> corporation sh	nall be:A	mple He	alth Medical G	roup, P.A.	
ARTICLE II	<u>PRINCIPAL</u>	<u>OFFICE</u>				
{	85 5th Ave	, 8th Floor				
ſ	New York,	NY 10003				
ARTICLE III	PURPASE					•
The purpose for	which the cor	poration is organized is:				
The purpose	of the cor	poration is to engag	e in the p	ractice of med	licine and othe	r lawful activitie
not prohibite	ed to a cor	poration engaging ir	n such pro	ofession by ap	plicable laws a	and regulations.
						Zaz Sez
				**		73H
		****	 - <u></u> -	· <u>· · · · · · · · · · · · · · · · · · </u>		
						<u>්රාල්ද රාල</u> දුරුණු
					•	國 星 海
ARTICLE IV The number of st		is:100			r	
						77
ARTICLE V		FICERS AND/OR DIREC				
Name a	ınd Title:	Mark Schlangel, Pre	sident	Name and Title:_		
Address	s	85 5th Ave, 8th FI	oor _	Address: _		
		New York, NY 100	003	-	· · · · · · · · · · · · · · · · · · ·	
				-		
				-	·	· ·
Name ar	nd Title:			Name and Title:		_
Addres	-		·	Address:		
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		<u>:</u>	:	_		·
	. a Tible			Manager 1 mg/s		
Address	s <u></u>	· · · · · · · · · · · · · · · · · · ·		Address: _	· 	<u> </u>
				-		
			•			1.12 1.14

Name and Ti	tle:	Name and Title:	·.
Address	···	•	
			
		- ———	
ARTICLE VI REG	SISTERED AGENT a street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	COGENCY GLOBAL INC.	or the registered agent is.	
	115 North Calhoun Street, Suite	4	
_	Tallahassee, FL 32301		
_			202 SEL
ARTICLE VII INC			AH 65
The name and addre	ss of the Incorporator is: Mark Schlangel		R R
Name:	85 5th Ave, 8th Floor	-	
Address:	New York, NY 10003	_	3
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
ARTICLE VIII EF	FECTIVE DATE: r than the date of filing:	(OPTIONAL)	
(If an effective date i filing.)	s listed, the date must be specific and can	not be more than five days pr	rior or 90 days after the
	rted in this block does not meet the applicabive date on the Department of State's record		, this date will not be listed as
Having been named of this certificate, I am fo	as registered agent to accept service of proc amiliar with and accept the appointment as	ess for the above stated corpor registered agent and agree to a	ation at the place designated in ct in this capacity
	/s/ Eric Hood		3/7/2023
	Required Signature/Registered Agent	_	Date
	nt and affirm that the facts stated herein a rtment of State constitutes a third degree fel		
	20 G		3/7/2023
Required	ignature/Incorporator		Date