

P23000027778

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
AMANDA MALKIN HEALTH INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

2023 APR 11 PM 12:05

DIVISION OF CORPORATIONS  
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23 APR 11 PM 12:35

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Apr. 11. 2023 9:45AM

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Hd300013471943 No. 0464 P. 2/1943

ARTICLE I NAME

The name of the corporation shall be: AMANDA MALKIN HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
17874 LAKE AZURE WAY  
BOCA RATON, FLORIDA 33496

Mailing address, if different is:

17874 LAKE AZURE WAY  
BOCA RATON, FLORIDA 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

AND AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA MALKIN, DIRECTOR Name and Title: \_\_\_\_\_

Address 17874 LAKE AZURE WAY Address: \_\_\_\_\_  
BOCA RATON, FLORIDA 33496

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

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

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

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

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No. 0464 P. 3

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: AMANDA MALKIN

Address: 17874 LAKE AZURE WAY

BOCA RATON, FLORIDA 33496

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET

ALBANY, NY. 12207

**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*

/S/ AMANDA MALKIN

Required Signature/Registered Agent

04/11/2023

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.*

*Lawrence A. Kirsch*

\_\_\_\_\_  
Required Signature/Incorporator

04/11/2023

Date

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APR 11 PM 12:35  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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