## PA3000033293

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ALL AHASSEE FI ORI

2023 AFR 26 PH 5: 23



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 704987 AUTHORIZATION : COST LIMIT : \$ 470.00 ORDER DATE: April 26, 2023 ORDER TIME : 2:51 PM ORDER NO. : 704987-005 CUSTOMER NO: 4806334 DOMESTIC FILING NAME: PLATINUM HEALTH P.A. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS:

## **COVER LETTER**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

SUBJECT: Platinum Health P.A.

□ \$70.00	□ <b>\$</b> 78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Cop & Certificate		
		ADDITIONAL CO	Status DPY REQUIREI		
Ja Ja	son Buchwald				
FROM:	Name (Printed or typed)				
	18555 Collins Avenue, Unit 2905				
185	555 Collins Avenue, Unit 2905				
185		Address			
		Address			
	nny Isles Beach, FL 33160	Address State & Zip			
Su	nny Isles Beach, FL 33160				

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)

<u> ARTICLE I NAME</u>	Platinum Health P A		
he name of the corpora	ion shall be: Platinum Health P.A.		
RTICLE II PRINC	Principal street address		Mailing address, if different is:
unny Isles Beach, F	e, Unit 2905 L 33160		<del></del>
RTICLE III PURPO	DSE the provi	eion of professions	at madical captions
ne purpose for which t	he corporation is organized is: the provi		ai medicai sei vices.
	· · · · · · · · · · · · · · · · · · ·		
RTICLE IV SHAR	<u>ES</u> 1000		
ne number of shares of	stock is:		
	L OFFICERS AND/OR DIRECTORS		
Name and Title	Jason Buchwald, President	Name and Title	Jason Buchwald, Secretary
Address	18555 Collins Avenue, Unit 2905	Address:	18555 Collins Avenue, Unit 2905
	Sunny Isles Beach, FL 33160	Address.	Sunny Isles Beach, FL 33160
		<u> </u>	
		<u></u>	
	Jason Ruchwald, Treasurer		
Name and Title:	Jason Buchwald, Treasurer	Name and Title	
Address	18555 Collins Avenue, Unit 2905	Address:	<del></del>
	Sunny Isles Beach, FL 33160		
		<u> </u>	
			29
Name and Title:		Name and Title:	
Address		Address:	
		<del></del>	20
		_	
			المناجب المناهبين
			<u> </u>

Name a	and Title:	Name and Title:
Addres	ss	Address:
	<del></del>	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	) of the registered agent is:
Name:	Corporation Service Company	•
Address:	1201 Hays Street	_
	Tallahassee, FL 32301	
	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:  Jason Buchwald	
Name:	<del></del>	<u> </u>
Address:	18555 Collins Avenue, Unit 2905	<u> </u>
	Sunny Isles Beach, FL 33160	<u> </u>
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and can	(OPTIONAL)  Inot be more than five days prior or 90 days after the
	te inserted in this block does not meet the applical effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as ds.
Having been na. certificate, I am	familiar with and accept-the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity
Mix	is Weilard-Grenson, AUP	04/26/2023
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a long as provided for in s.817.155, F.S.
Jan Bull		4/26/2023   9:04:55 AM PDT
<del>Regined Signa</del>	ture/Incorporator	Date
		2023 APR 26 SECRELL TALLE