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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC  
Account Number : I20190000071  
Phone : (904)257-5777  
Fax Number : (904)347-2738

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: david.ergisi@crossregions.com

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION  
TYME NATIONAL CANCER INSTITUTE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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TALLAHASSEE, FL

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**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: TYME NATIONAL CANCER INSTITUTE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
13553 ATLANTIC BLVD STE 201  
JACKSONVILLE, FL 32225

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: ERGISI, DAVID M., PRESIDENT

Name and Title: ERGISI, DAVID M., DIRECTOR

Address: 13553 ATLANTIC BLVD STE 201  
JACKSONVILLE, FL 32225

Address: 13553 ATLANTIC BLVD STE 201  
JACKSONVILLE, FL 32225

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

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

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

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

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

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

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

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

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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: DAVID M. ERGSIAddress: 13553 ATLANTIC BLVD STE 201JACKSONVILLE, FL 32225**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ANDREW M. SODLAddress: 233 E BAY ST STE 1113JACKSONVILLE, FL 32202

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**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*Required Signature/Registered Agent  
Andrew M. Sodl, as Authorized Representative5/23/2023

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.*

Required Signature/Incorporator

5/23/2023

Date