

P230000045312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

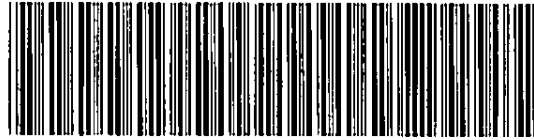
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Account#: 120000000088

Date: 06/13/2023

Name: Marcel Ogbonna-Amu

Reference #: 2029378

Entity Name: VIVID CARE OF FLORIDA, PA

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$70.00

Signature: Marcel Ogbonna-Amu



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TALLAHASSEE, FL 32301
P: 866.625.0838
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COVER LETTER

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

SUBJECT: Vivid Care of Florida, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Marc Goldsand
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: Vivid Care of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>85 5th Ave 8th Floor</u>	<u></u>
<u>New York, NY 10003</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in the profession of medicine and any 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:	<u>Ajit Chary, MD</u>	Name and Title:	<u></u>
Address	<u>- Director/President/CEO</u>	Address:	<u></u>
	<u>85 5th Ave 8th Floor</u>		<u></u>
	<u>New York, NY 10003</u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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TALLAHASSEE, FL 32399

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: Ajit Chary
Address: 85 5th Ave 8th Floor
New York, NY 10003

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TALLAHASSEE, FLORIDA

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.)

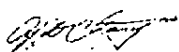
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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/ Eric Hood 6/13/2023
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:



Ajit Chary

06/1/2023

1F2F48B7C14641A... Required Signature/Incorporator

Date