

A23 0000 54225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

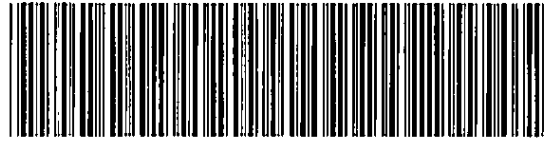
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2023 JUL 21 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2023 JUL 21 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FL 32399



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

Account#: 120000000088

Date: 07/21/2023

Name: Marcel Ogbonna-Amu

Reference #: 2070717

Entity Name: GABBI HEALTH MEDICAL GROUP, P.A.

- 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

### COVER LETTER

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

**SUBJECT:** Gabbi Health Medical Group, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$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: Gabbi Health Medical Group, P.A.

**ARTICLE II PRINCIPAL OFFICE**

|  |  |
|--|--|
| Principal <u>street</u> address<br><u>10350 N Vancouver Way #1067</u><br><u>Portland, OR 97217</u> | Mailing address, if different is:<br>_____<br>_____<br>_____ |
|--|--|

**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>Amy Cooper -</u><br>Address: <u>Director/President/CEO</u><br><u>1016 North 23rd Street</u><br><u>Boise, ID 83702</u> | Name and Title: _____<br>Address: _____<br>_____<br>_____ |
|--|---|

|   |   |
|---|---|
| Name and Title: _____<br>Address: _____<br>_____<br>_____ | Name and Title: _____<br>Address: _____<br>_____<br>_____ |
|---|---|

|   |   |
|---|---|
| Name and Title: _____<br>Address: _____<br>_____<br>_____ | Name and Title: _____<br>Address: _____<br>_____<br>_____ |
|---|---|

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 TALLAHASSEE, FL

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

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Amy Cooper  
 Address: 1016 North 23rd Street  
Boise, ID 83702

**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  
 Required Signature/Registered Agent

07/21/23  
 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:  
Amy Cooper  
 Required Signature/Incorporator

7/20/2023  
 Date