

A23000058672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

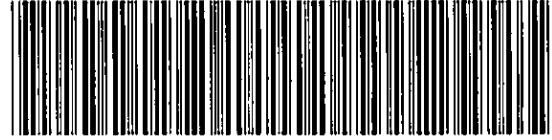
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 A - P11 2: 26

2023 AUG - 9 PM 3: 31

RECEIVED

DIRECTOR'S OFFICE  
SYSTEM OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/09/2023

**\*\*WALK IN\*\***

ENTITY NAME MedArrive, P.A.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70

ACCOUNT #: I2016000072

*S R J*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

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

**SUBJECT:** MedArrive, 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

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

**FROM:** Patrick Davoodi  
Name (Printed or typed)

1875 Century Park East, Suite 1600  
Address

Los Angeles, CA 90067  
City, State & Zip

(310) 551-8191  
Daytime Telephone number

lillie@medarrive.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: MedArrive, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
601 Brickell Key Drive, Suite 700  
Miami, FL 33131

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Practice of Medicine

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Peter Samuel, M.D., President  
Address: 601 Brickell Key Drive, Suite 700  
Miami, FL 33131

Name and Title: Peter Samuel, M.D., Treasurer  
Address: 601 Brickell Key Drive, Suite 700  
Miami, FL 33131

Name and Title: Peter Samuel, M.D., Secretary  
Address: 601 Brickell Key Drive, Suite 700  
Miami, FL 33131

Name and Title: Peter Samuel, M.D., Director  
Address: 601 Brickell Key Drive, Suite 700  
Miami, FL 33131

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2013

Page 2 of 26

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: Registered Agents Inc.

Address: 7901 4 ST N STE 300

St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Peter Samuel, M.D.

Address: 601 Brickell Key Drive, Suite 700

Miami, FL 33131

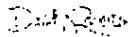
**ARTICLE VIII EFFECTIVE DATE:**

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*



David Roberts, Assistant Secretary

08/09/2023

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.*



8/8/2023

Required Signature/Registered Agent

Date

2023 Aug - 5 PM 2:20

400 E. Royal Lane  
Building 3, Suite 290  
Irving, Texas 75039

August 7, 2023

**RE: CONSENT TO USE OF SIMILAR CORPORATE NAME**

The undersigned, as General Counsel of MedArrive Inc. (the "Existing Corporation"), does hereby irrevocably consent on behalf of Existing Corporation to: (a) the filing of Articles of Incorporation with the Florida Department of State, Division of Corporations bearing the name *MedArrive, P.A.* (the "New Corporation"); and (b) to the use of such name by the New Corporation following its incorporation.

Sincerely,

---

Lillie Singh, General Counsel  
MedArrive Inc.

2023 Aug - 7 PM 2:27