Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000293499 3)))



H230002934993ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Erom:

Account Name : FOLEY & LARDNER Account Number : 11998000047 Phone : (407)423-7656 Fax Number : (407)648-1743

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

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION AR Wellness 1, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	S78.75

Electronic Filing Menu Corporate Filing Menu

(((H23000293499 31))

ARTICLES OF INCORPORATION OF AR WELLNESS 1, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act. Chapter 607, Florida Statutes, adopts the following articles of incorporation:

ARTICLE I Name

The name of the corporation is AR Wellness I. P.A. (the "Corporation").

ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

3919 Riga Boulevard Tampa, Florida 33619

ARTICLE HI Nature of Business

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services, and own property and invest its funds as authorized by applicable Florida law.

ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1.000) common shares with a par value of \$0.01 per share.

ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office is 1201 Hays Street, Tallahassee, FL 32301, and the name of the Corporation's initial registered agent at that addiess is Corporation Service Company.

. . . .

(i(H23000293499 31))

ARTICLE VI Incorporator

The name and address of the incorporator is:

<u>Name</u> Address

Michael Meighen, M.D. 3919 Riga Boulevard Tampa, Florida 33619

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this _____ day of ________. 2023. Michael Meighen, M.D. Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this 22 day of August . 2023.

CORPORATION SERVICE COMPANY

By: Janette McIntyre
Print Name: Janette McIntyre

Title: Assist, Secy