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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Resilient Insight Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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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: *Resilient Insight Corp*

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different than
2512 Sage Dr.	2512 Sage Dr.
Kissimmee, FL 34758	Kissimmee, FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized: *Medical Services*

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Lokenauth - Director	Name and Title:
Address: 2512 Sage Dr. Kissimmee, FL 34758	Address:
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: Elizabeth Lokenauth

Address: 2512 Sage Dr.

Kissimmee, FL 34758

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ARTICLE VII INCORPORATOR

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

Name: Elizabeth Lokenauth

Address: 2512 Sage Dr.

Kissimmee, FL 34758

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

Elizabeth Lokenauth 8/31/23

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.

Elizabeth Lokenauth 8/31/23

Required Signature/Incorporator Date