

P23000063331

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

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S. CHATHAM
SEP - 5 2023

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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.****

Email Address: _____

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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FLORIDA
DIVISION OF
CORPORATIONS

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME *Resilient Insight Corp*

The name of the corporation shall be _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2512 Sage Dr.
Kissimmee, FL 34758

Mailing address, if different is:
2512 Sage Dr.
Kissimmee, FL 34758

ARTICLE III PURPOSE

Medical Services

The purpose for which the corporation is organized is _____

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elizabeth Lokenauth
 Address: 2512 Sage Dr.
Kissimmee, FL 34758

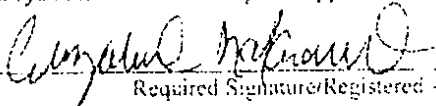
ARTICLE VIII EFFECTIVE DATE:

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.)

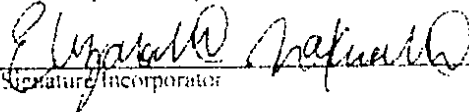
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

8/31/23
 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.


 Required Signature/Incorporator

8/31/23
 Date

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