

To

9/22/23, 2:25 PM

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2023-10-02 15:39:23

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From: Kaity Toon

P23000071088

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

2023 OCT -2 PM 3:31
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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Email Address: kwalsh@ascellus.com

2023 OCT -2 PM 2:20
DIVISION OF CORPORATIONS
RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION
Ascellus Behavioral Health Psychiatry PA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Requesting original filing date of 9/22/23. Thank you!

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Ascellus Behavioral Health Psychiatry PA**ARTICLE II PRINCIPAL OFFICE**Principal street address
9400 4th Street N Suite 201
St. Petersburg, FL 33702Mailing address, if different is:
6801 Lake Worth Road Suite 308
Greenacres, FL 33467**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Provider medical network**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Sack

Name and Title: _____

Address 6801 Lake Worth Road Suite 308
Greenacres, FL 33467

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: C T Corporation SystemAddress: 1200 South Pine Island Road Plantation,FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: David SackAddress: 6801 Lake Worth Road Suite 308Greenacres, FL 33467**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*By: C T Corporation System Rachel O'Connor
Required Signature/Registered Agent Rachel O'Connor, Assistant Secretary09-22-2023

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.*David Sack

Required Signature/Incorporator

09-22-2023

Date

2023 OCT -2 PM 3:31
S. CRISTINA G. S. 1912
TALLAHASSEE, FL

Signature Certificate

Reference number: XJSJ4-UX3VU-CJZVM-G2P2J

Signer

Timestamp

Signature

David Sack

Email: davsac111@gmail.com

Sent

20 Sep 2023 12:22 08 UTC

Viewed

22 Sep 2023 15:45 06 UTC

Signed

22 Sep 2023 15:45 42 UTC

David Sack

Recipient Verification:

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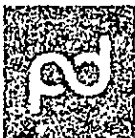
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TALLAHASSEE, FL



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