P2300073914

(Requestor's Name)
(,	Áddress)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/16/2023	
Name:	CHRIS	_
Reference #	2151170	_
Entity Name	TROUPE HEALTH	MEDICAL GROUP, P.A.
✓ Article	es of Incorporation/Authorization	to Transact Business
Amen	dment	
Chan	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
☐ Other		
Authorized A	mount: \$70.00	
Signature: _	(1. let	

+44 (0)20.3961.3080

COVER LETTER

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

SUBJECT:	Troupe Health Medical Group, P.A.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate o Status	
		ADDITIONAL CO	DPY REQUIRED	
CDANA	Mar	c Goldsand		
FROM:	Name (Printed or typed)			
	3109 G	rand Ave #225		
		Address		
	Miam	ni, FL 33133		
	City, State & Zip			
	305-697-8006			
	Daytime Telephone number			
	mgoldsand@goldsandfriedberg.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 s	hall be: Trou	pe Health Medical Group, P.A.	alth Medical Group, P.A.	
ARTICLE II PRINCIPAL OFFICE Principal street address 85 5th Ave, 8th Floor		Mailing address.	if different is:	
New York	, NY 10003			
The purpose of the c	·	in the profession of medicine ar		
activities not promb		ulations.		
			5.7	
ARTICLE IV SHARES The number of shares of stock	x is:		77/07/5	
ARTICLE V INITIAL O	FF <u>ICERS AND/OR DIRECTO</u>	<u>rs</u>		
Name and Title:	Alex Mohseni	Name and Title:	7. 34	
Address	Director/President/CE	O Address:	<u></u> .	
	85 5th Ave, 8th Floor	·		
_ 	New York, NY 10003			
Name and Title:	·	Name and Title:		
Address		Address:		
			<u> </u>	
 .				
Name and Title:	-	Name and Title:		
Address		Address:		
			· · · · · ·	

Name and T	itle:	Name and Title:	
Address		Address:	
	<u>GISTERED AGENT</u> da street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	COGENCY GLOBAL INC.		
Address:	115 North Calhoun Street, Suite	4	
	Tallahassee, FL 32301		
ARTICLE VII <u>IN</u>	CORPOR4TOR		2.7
	ess of the Incorporator is:		27710716
Name:	Alex Mohseni		on on
Address:	85 5th Ave, 8th Floor		
	New York, NY 10003		7. 2.
ARTICLE VIII E. Effective date, if oth (If an effective date filing.)	FFECTIVE DATE: er than the date of filing: is listed, the date must be specific and can	. (OPTIONAL not be more than five days p) rior or 90 days after the
Note: If the date institute document's effect	serted in this block does not meet the applicab trive date on the Department of State's record	ole statutory filing requirements	s, this date will not be listed as
	as registered agent to accept service of proc familiar with and accept the appointment as		
/s/ Ken	Howell, Assistant Secretary		10/13/2023
, 5, 11011	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein a partment of State constitutes a third degree fe		
//		16	0/13/2023
POEC9BBEB57BF4FB	Signature/Incorporator		Date