

P24 000008528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

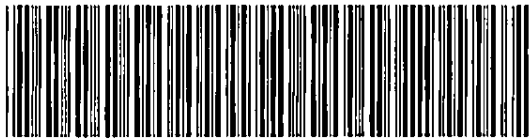
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024-11-13



**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 2/1

XX CERTIFIED COPY _____

PHOTOCOPY _____

GS _____

XX FILING INC _____

1. ASKDOCTORH, INC.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: AskDoctorH, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2082 Sykes Creek Drive
Merritt Island, FL 32953

Mailing address, if different is:

2082 Sykes Creek Drive
Merritt Island, FL 32953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is Medical Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marchelle Hofeldt Gaspich, President

Address: 2082 Sykes Creek Drive
Merritt Island, FL 32953

Name and Title: Marchelle Hofeldt Gaspich, Secretary

Address: 2082 Sykes Creek Drive
Merritt Island, FL 32953

Name and Title: Marchelle Hofeldt Gaspich, Director

Address: 2082 Sykes Creek Drive
Merritt Island, FL 32953

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Marchelle Hofeldt Gaspich
Address: 2082 Sykes Creek Drive
Merritt Island, FL 32953

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Amanda J. Beren
Address: 31416 Agoura Rd. Ste 118
Westlake Village, CA 91361

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.

M. Hofeldt Gaspich
Required Signature/Registered Agent

01/26/2024
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 §817.155, F.S.

AJB
Required Signature/Incorporator

01/26/2024
Date

2024 FEB - APR 1:37