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1. **Marchelle Hofeldt MD P.A.**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
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6. _____
(CORPORATE NAME AND DOCUMENT #)

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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: Marchelle Hofeldt MD P.A.

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: Professional/Medical Services

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, Florida 32953

Name and Title: Marchelle Hofeldt Gaspich, Secretary

Address: 2082 Sykes Creek Drive
Merritt Island, Florida 32953

Name and Title: Marchelle Hofeldt Gaspich, Director

Address: 2082 Sykes Creek Drive
Merritt Island, Florida 32953

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Marchelle Hofeldt Gaspich

Address: 2082 Sykes Creek Drive

Merritt Island, Florida 32953

ARTICLE VII INCORPORATOR

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

Name: Marchelle Hofeldt Gaspich

Address: 2082 Sykes Creek Drive

Merritt Island, Florida 32953

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

02/06/2024

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 s.817.155, F.S.

Marchelle Hofeldt Gaspich

Required Signature/Incorporator

Date

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