

To:

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2024-03-19 18:26:52 GMT

305328-774

From: Yanet Avila

P240000019531

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
AKOYA HEALTH INSURANCE, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: AKOYA HEALTH INSURANCE, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
12765 NW 6TH LN SAME
MIAMI, FL 33182

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CHRISTIAN A MARTINEZ BERNARDO- P</u>	Name and Title:	
Address	<u>12765 NW 6TH LN</u>	Address:	
	<u>MIAMI, FL 33182</u>		

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CHRISTIAN A MARTINEZ BERNARDO
Address: 12765 NW 6TH LN
MIAMI, FL 33182

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CHRISTIAN A MARTINEZ BERNARDO
Address: 12765 NW 6TH LN
MIAMI, FL 33182

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

03/18/2024
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.

Required Signature/Incorporator

03/18/2024
Date