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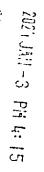
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24000U1736D

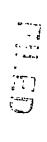




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Gary Sinensky 10165 Diamond Lake Drive Boynton Beach, FL 33437 201-446-5273

Email: ERCP007@aol.com

Date: 12/27/2023

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

Dear Sirs:

Enclosed please find Articles of Domestication and one copy, Articles of Incorporation and two copies.

Also enclosed is a check for \$87.50 for the Articles of Incorporation for the Filing Fee, Certified Copy and Certificate of Status.

Also enclosed is a check for \$137.50 for the Certificate of Domestication, Articles of Domestication and Certified Copy, and Certificate of Status.

I am also enclosing a Certificate of Good Standing from the State of NJ where the Corporation is currently Domiciled.

Thank You,

Gary Sinensky President

Northeastern Gastroenterology Associates, PA

COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Domesticating a New Jersey corporation to Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication \$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee

OPTIONAL:

Certificate of Status

From: Gary Sinensky

Name (printed or typed)

10165 Diamond Lake Drive

Address

\$128.75

\$ 8.75

Boynton Beach, FL 33437

City, State & Zip

201-446-5273

Daytime Telephone Number

ercp007@aol.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigne		Gary Sinensky	President		
THE UII	uci signe o,	(Name)	(Title)		
of No	ortheast	ern Gastroenterology As	ssociates, PA	_, a foreign	
corpor	ation, in ac	ccordance with s. 607.11922, Flor	ida Statutes, submit th	ese Articles of	
Domes	stication.		. Northeastern	Gastroenterology	
1.	Then name of the domesticating corporation is Northeastern Gastroenterology (Foreign Corporation)				
3.		e of the domesticated corporation eastern Gastroenterolog			
4.	The junso	diction of formation of the domes	sticated corporation is	Florida	
5.		estication corporation is a foreign f in accordance with its organic la		domestication was	
6.	requirem	l are Florida Articles of Incorporat nents pursuant to s.607.0202, F.S.			
l certi	íy I am aut	horized to sign these Articles of D	Domestication on beha horized Signature)	if of the corporation.	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	,	
THE NAME OF THE CORPORATION SHALL.	DE-	
Northeastern Gastroenterology Associa	ates, PA	
ARTICLE II PRINCIPAL OFF	ICE.	
THE PRINCIPAL PLACE OF BUSINESS/MAIL	ING ADDRESS IS:	
Principal Address 10165 Diamond Lake Drive	Mailing Address 10165 Diamond Lake Drive	
Boymton Beach, FL 33437	Boymton Beach, FL 33437	·
RTICLE III PURPOSE HE PURPOSE FOR WHICH THE CORPORAT Disprovide consulting services to healthcare	ION IS ORGANIZED:	
	Chiddes .	
RTICLE IV SHARES		
HE NUMBER OF SHARES OF STOCK IS: 250	0	<i>:</i> :
7M***		202 ~::
E NAME AND FLORIDA STREET	GENT AND STREET ADDRESS	
	S (P.O. BOX NOT ACCEPTABLE) OF THE REC	SISTERED AGENT IS
ry Sinensky		(-)
65 Diamond Lake Drive		
mton Beach, FL 33437		4:16
VING REEN NAMED 12		
OVE STATED CORPORATION AT THE STATE OF	ENT AND TO ACCEPT SERVICE OF PROC	ESS FOR THE
H AND ACCEPT THE APPOINTMENT AS E	ENT AND TO ACCEPT SERVICE OF PROC CE DESIGNATED IN THIS CERTIFICATE, EGISTERED AGENT AND AGREE TO ACT	I AM FAMILIAR
L'anduil	ACCIO LERED AGENT AND AGREE TO ACT	IN THIS
ature/Registered Agent	12/27	/2023
=	Date	

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: Gary Sinensky, President Name & Title: 10165 Diamond Lake Drive Address: Address: Boynton Beach, FI 33437 Gary Sinensky, Treasurer Name & Title: Name & Title: 10165 Diamond Lake Drive Address: Address: Boynton Beach, FI 33437 Name & Title: Name & Title: Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as 12/27/2023 gnature/Authorized Person