## P24000024976

(R	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone #)	<u>-</u>
PICK-UP	WAJT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ing 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 If there are any issues please contact Patrice at 850-202-9071

Date:04/0	09/2024			
Name:	Patrice Rush			
Reference #:	000000			
Entity Name:	NVP MED	DICAL GROUP, P.A.		
✓ Articles of	Incorporation/Authorizati	on to Transact Business		
Amendmer	nt			
☐ Change of	Agent			
Reinstatem	nent			
☐ Conversion	1			
☐ Merger				
Dissolution	/Withdrawal			
☐ Fictitious N				
Other _	PLEASE	PROVIDE CERTIFIED COPY		Ö
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/09/2024	_	
Name:	Patrice Rusl	<u>h</u>	
Reference	e #: 232809	8	
Entity Na	me: <b>NV</b>	P MEDICAL GROUP, P.A.	_
<b>√</b> Ar	ticles of Incorporation/Au	uthorization to Transact Business	
☐ Ar	mendment		
☐ C	nange of Agent		
☐ Re	einstatement		
□ Co	onversion		
	erger		
☐ Di	ssolution/Withdrawal		
☐ Fi	ctitious Name		· = 0
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-			2025 APR 10
Authorize Signature	() M	78.75 Programme (1975)	M 9:3
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COGENCY GLOBAL INC. 10 E 40™ ST, 10™ FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTRY #8010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080

COGENCY GLOBAL (HK) LIMITED A HONG CONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG

P: +852.2682.9633 F: +852.2682.9790

## **COVER LETTER**

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:    \$70.00	SUBJECT:	NVP Medical Group, P.A.				
Filing Fee Filing Fee & Certificate of Status    \$78.75		(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Filing Fee Filing Fee & Certificate of Status    \$78.75	Enclosed are an o	riginal and one (1) copy of the artic	cles of incorporation and	a check for:		
Filing Fee & Certificate of Status  Filing Fee & Certificate Of Status  FROM: Patrick Davoodi  Name (Printed or typed)  1875 Century Park East, Suite 1600  Address  Los Angeles, CA 90067  City, State & Zip  (626) 372-1216  Daytime Telephone number  suneerc@allinremote.com  E-mail address: (to be used for future annual report notification)		( ) 1 /			1	
FROM: Patrick Davoodi  Name (Printed or typed)  1875 Century Park East, Suite 1600  Address  Los Angeles, CA 90067  City, State & Zip  (626) 372-1216  Daytime Telephone number  suneerc@allinremote.com  E-mail address: (to be used for future annual report notification)		Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate of		
Name (Printed or typed)  1875 Century Park East, Suite 1600  Address  Los Angeles, CA 90067  City, State & Zip  (626) 372-1216  Daytime Telephone number  suneerc@allinremote.com  E-mail address: (to be used for future annual report notification)			ADDITIONAL CO	PY REQUIRED		
Name (Printed or typed)  1875 Century Park East, Suite 1600  Address  Los Angeles, CA 90067  City, State & Zip  (626) 372-1216  Daytime Telephone number  suneerc@allinremote.com  E-mail address: (to be used for future annual report notification)					J	
Address  Los Angeles, CA 90067  City, State & Zip  (626) 372-1216  Daytime Telephone number  suneerc@allinremote.com  E-mail address: (to be used for future annual report notification)	FROM: _		(Printed or typed)			
Address  Los Angeles, CA 90067  City, State & Zip  (626) 372-1216  Daytime Telephone number  suneerc@allinremote.com  E-mail address: (to be used for future annual report notification)			•• •			
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E-mail address: (to be used for future annual report notification)	-	Daytime Te	lephone number		APR	ر از ان
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRIN	CIPAL OFFICE		
	Principal street address et #292, Newton, MA 02459	Mailir	ng address, if different is:
TICLE III DUAD	OSE.		
TICLE III PURP e purpose for which	the corporation is organized is: Practic	e of Medicine	
TICLE IV SHAR	RES		
e number of shares o	f stock is: 100  AL OFFICERS AND/OR DIRECTORS		
e number of shares of	f stock is: 100  AL OFFICERS AND/OR DIRECTORS  Suneer Chander, M.D.  10: (Director, President, Secretary, Treasurer)	Name and Title:	
e number of shares o	f stock is: 100  AL OFFICERS AND/OR DIRECTORS  Suneer Chander, M.D.		
e number of shares of stares of star	f stock is: 100  AL OFFICERS AND/OR DIRECTORS  Suneer Chander, M.D.  10: (Director, President, Secretary, Treasurer)		
e number of shares of RTICLE V INITE  Name and Title	AL OFFICERS AND/OR DIRECTORS Suncer Chander, M.D. (c) (Durector, President, Secretary, Treasurer)  831 Beacon Street #292		- i.
RETICLE V INITIAN Name and Title  Address	AL OFFICERS AND/OR DIRECTORS Suneer Chander, M.D. e: (Director, President, Secretary, Treasurer)  831 Beacon Street #292  Newton, MA 02459	Address:	20 4 AP
RETICLE V INITIAN Name and Title  Address	AL OFFICERS AND/OR DIRECTORS Suneer Chander, M.D. (e: (Director, President, Secretary, Treasurer)  831 Beacon Street #292  Newton, MA 02459	Address: Name and Title:	20 4 APR 1 0
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS Suneer Chander, M.D. e: (Director, President, Secretary, Treasurer)  831 Beacon Street #292  Newton, MA 02459	Address: Name and Title:	20 HAPR 10 411
e number of shares of the RTICLE V INITE.  Name and Title Address  Name and Title	AL OFFICERS AND/OR DIRECTORS Suneer Chander, M.D. e: (Director, President, Secretary, Treasurer)  831 Beacon Street #292  Newton, MA 02459	Address: Name and Title:	20 HAPR 10 AM 9: 3
e number of shares of RTICLE V INITE  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS Suneer Chander, M.D. (Director, President, Secretary, Treasurer)  831 Beacon Street #292  Newton, MA 02459	Address: Name and Title: Address:	20 4 APR 10 6H 9: 35
RTICLE V INITE  Name and Title  Address  Address	AL OFFICERS AND/OR DIRECTORS Suneer Chander, M.D. e: (Director, President, Secretary, Treasurer)  831 Beacon Street #292  Newton, MA 02459	Address: Name and Title: Address: Name and Title:	20 4 APR 10 6H 9: 35

The name and Floric Name:  Address:  T  ARTICLE VII INC.	GISTERED AGENT  da street address (P.O. Box NOT acceptable) of Cogency Global Inc.  15 North Calhoun Street, Suite 4  Tallahassee, FL 32301  CORPORATOR  ess of the Incorporator is:  Patrick Dayoodi		:			
The name and Floric  Name:  Address:  T  ARTICLE VII INC.  The name and address.	GISTERED AGENT da street address (P.O. Box NOT acceptable) of Cogency Global Inc. 15 North Calhoun Street, Suite 4 Gallahassee, FL 32301 CORPORATOR ess of the Incorporator is:	the registered agent is	:			
The name and Floric  Name:  Address:  T  ARTICLE VII INC.  The name and address.	da street address (P.O. Box NOT acceptable) of Cogency Global Inc.  15 North Calhoun Street, Suite 4  Callahassee, FL 32301  CORPORATOR  ess of the Incorporator is:	the registered agent is	:			
Name: C Address: 1 ARTICLE VII INC. The name and address.	Cogency Global Inc.  15 North Calhoun Street, Suite 4  Callahassee, FL 32301  CORPORATOR  ess of the Incorporator is:					
Address:  T  ARTICLE VII INC.  The name and address.	CORPORATOR  ess of the Incorporator is:					
ARTICLE VII INC	CORPORATOR  ess of the Incorporator is:					
The <u>name and addre</u>	ess of the Incorporator is:					
	<del>_</del>					
Name:	Patrick Davoodi					
Address:	1875 Century Park East, Suite 1600	_				
	Los Angeles, CA 90067					
ARTICLE VIII EF	FFECTIVE DATE: er than the date of filing:	(OPTIC	ONAL)			
(If an effective date filing.)	is listed, the date must be specific and canno	t be more than five o	lays prio	r or 90 days	after the	
Note: If the date ins	erted in this block does not meet the applicable stive date on the Department of State's records.	statutory filing requir	ements, t	his date will r	not be liste	d as
	as registered agent to accept service of process fo iliar with and accept the appointment as register				esignated i	
formy Del	Nequired Signature/Registered Agent	ogency Global Inc.		4/9/2024 D	ate []	
	ent and affirm that the facts stated herein are				submitted	lin a
aocument to the Dep —DocuSigned	artment of State constitutes a third degree felony by:	as provided for in S.E	01 /.133, <i>t</i>	4/9/2024	0	مشددا چیست
Required Signature	ncorporator		Date		<u> </u>	ا انا ان <del></del> -
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