

P24000038686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

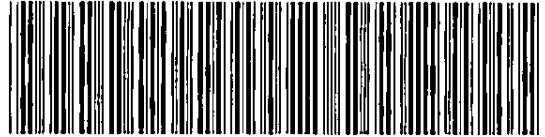
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL 32307



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: 06/06/2024

Name: Patrice Rush

Reference #: 2400100

Entity Name: COPLEY HEALTH, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger


☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

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TALLAHASSEE, FL

Authorized Amount: \$70.00

Signature: 

✉ CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

✉ EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRAR #801072  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

✉ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790



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TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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② EUROPEAN HQ  
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REGISTRAR #8010712  
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F: +852.2682.9790

## COVER LETTER

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

SUBJECT: Copley Health, P.A.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Firas Naji, D.O.  
Name (Printed or typed)  
17595 HARVARD AVE STE C-803  
Address  
IRVINE, CA 92614  
City, State & Zip  
949 981 5033  
Daytime Telephone number  
firas@najimed.co  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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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: Copley Health, P.A.

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
17595 HARVARD AVE STE C-803  
IRVINE, CA 92614

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide weight management, medicine, and telemedicine  
services or any other lawful purpose.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Firas Naji, D.O., President & Director

Address: 17595 HARVARD AVE STE C-803

IRVINE, CA 92614

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
IRVINE, CA

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: \_\_\_\_\_ Cogency Global Inc. \_\_\_\_\_

Address: \_\_\_\_\_ 115 North Calhoun Street, Suite 4 \_\_\_\_\_

Tallahassee, FL 32301  
\_\_\_\_\_**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: \_\_\_\_\_ Firas Naji, D.O. \_\_\_\_\_

Address: \_\_\_\_\_ 17595 HARVARD AVE STE C-803 \_\_\_\_\_

IRVINE, CA 92614  
\_\_\_\_\_**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*Lauren Thorne

Assistant Secretary

Required Signature/Registered Agent

6.7.2024

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.*

DocuSigned by:

Firas Naji

Required Signature

156D08867659416

6/6/2024

Date

2024 JUN -7 AM 9:17

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