

P240000 60634

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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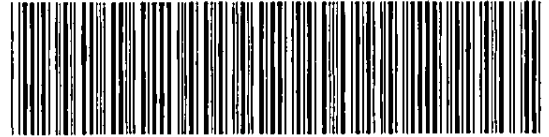
(Business Entity Name)

(Document Number)

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Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 09/30/2024

Name: Patrice Rush

Reference #: 2506190

Entity Name: LEAFWELL PROVIDERS, 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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Authorized Amount: \$70

Signature: 



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TALLAHASSEE, FL 32301  
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Authorized Amount: \$70

Signature: 

## COVER LETTER

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

SUBJECT: Leafwell Providers, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Melania Jankowski  
Name (Printed or typed)

c/o Orrick, Herrington & Sutcliffe LLP, 609 Main Street, 40th Floor

Address

Houston, TX 77002-3106

City, State & Zip

617-880-2030

Daytime Telephone number

mjankowski@orrick.com

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

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

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: Leafwell Providers, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
3300 Bee Cave Rd, Suite 650, #1105  
Austin, TX 78746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medicine

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gavin Moreland, Director

Address 3300 Bee Gave Rd, Suite 650 #1105  
Austin, TX 78746

Name and Title: Gavin Moreland, Secretary

Address: 3300 Bee Gave Rd, Suite 650 #1105  
Austin, TX 78746

Name and Title: Gavin Moreland, President/CEO

Address 3300 Bee Gave Rd, Suite 650 #1105  
Austin, TX 78746

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

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

Name and Title: Gavin Moreland, Treasurer/CFO

Address 3300 Bee Gave Rd, Suite 650 #1105  
Austin, TX 78746

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: 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: Melania Jankowski

Address: c/o Orrick, Herrington & Sutcliffe LLP, 609 Main Street, 40th Floor

Houston, TX 77002-3106


**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*

\_\_\_\_\_  
 JC Castellanos, Assistant Secretary  
Required Signature/Registered Agent

9/26/2024  
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.*

Melania Jankowski  
Required Signature/Incorporator

9/26/2024  
Date

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DEPARTMENT OF  
STATE  
TALLAHASSEE, FL