

724000071793

(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:

Office Use Only



400439716434

FILED
NOV 25 AM 9:47
TALLAHASSEE, FL
STATE

FILED
2024 NOV 25 PM 1:14
TALLAHASSEE, FL
STATE

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/25/2024
Acc#I20160000072

en: c DW

Name:	Oscar Health Maintenance Organization of Florida, Inc.
Document #:	
Order #:	15995408

Certified Copy of Arts & Amend:	<input type="checkbox"/>		FILED 2024 NOV 25 AM 9:47 TALLAHASSEE, FL
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: Oscar Health Maintenance Organization of Florida, Inc.

(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: Melissa Curtin

Name (Printed or typed)

75 Varick Street, 5th Floor

Address

New York, NY 10013

City, State & Zip

646-403-3677

Daytime Telephone number

corporate@hioscar.com

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

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

FILED

2024 NOV 25 AM 9:47

FLORIDA
TALLAHASSEE, FL

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: Oscar Health Maintenance Organization of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

75 Varick Street, 5th Floor

New York, NY 10013

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (i) to obtain and maintain approval as a health maintenance organization under Florida law; and (II) engage in any other such activities as may be lawful under Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alessandrea Quane, Director and President

Address: 75 Varick Street, 5th Floor

New York, NY 10013

Name and Title: Fausto Palazzetti, Director

Address: 75 Varick Street, 5th Floor

New York, NY 10013

Name and Title: Steven Wolin, Director

Address: 75 Varick Street, 5th Floor

New York, NY 10013

Name and Title: Victoria Baltrus, Treasurer

Address: 75 Varick Street, 5th Floor

New York, NY 10013

Name and Title: Sean Martin, M.D., Director

Address: 75 Varick Street, 5th Floor

New York, NY 10013

Name and Title: Melissa Curtin, Corporate Secretary

Address: 75 Varick Street, 5th Floor

New York, NY 10013

STATE OF MASSACHUSETTS, FL

2024 NOV 25 AM 9:47

FILED

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: C T Corporation System
 Address: 1200 South Pine Island Road
 Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Curtin
 Address: 75 Varick Street, 5th Floor
 New York, NY 10013

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

By: C T Corporation System
 Denise Bell, Asst. Secretary *Denise Bell* 11/22/2024
 Required Signature/Registered Agent 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
 Melissa Curtin 11/22/2024
 Required Signature/Incorporator Date

FILED
 2024 NOV 25 AM 9:47
 DEPT. OF STATE
 CORP. SERVICES