

P25000043283

RZ
8-11-23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

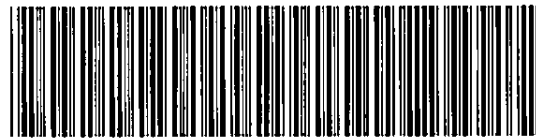
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 08/01/2025

****WALK IN****

ENTITY NAME FITMATE MEDICAL GROUP, P.A.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certification Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certification Status

Certification Status Reflecting: _____

****AFFIDAVIT / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

W: C DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Fitmate Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Fitmate Coach Inc, c/o StartX

2627 Hanover St.

Palo Alto, CA 94304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medicine

ARTICLE IV SHARES

The number of shares of stock is: 100 common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Quinn, M.D., President/Secretary/Treasurer

Address: 361 Falls Rd. #71065
Grafton, WI 53024

Name and Title: Rachel Quinn, M.D., Director

Address: 361 Falls Rd. #71065
Grafton, WI 53024

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Rachel Quinn, M.D.

Address: 2627 Hanover St.
Palo Alto, CA 94304

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

/s/ Brittany Wojaczynski, Assistant Secretary

7/25/2025

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.

Rachel A. Quinn, M.D.

7/25/2025

Required Signature/Incorporator

Date