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Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 01/10/25 Order #: 1761885-1

Re: Dreem Health Sleep Clinic, P.A.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.0 - FL State Accou

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF INCORPORATION OF DREEM HEALTH SLEEP CLINIC, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

ARTICLE I Name

The name of the corporation is Dreem Health Sleep Clinic, P.A. (the "Corporation")

ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

121 W 36th Street, #237. New York, NY 10018

ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services, and own property and invest its funds as authorized by applicable Florida law.

ARTICLE IV Capital Stock

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$0.01 per share.

ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office is 1201 Hays Street, Tallahassee, FL 32301, and the name of the Corporation's initial registered agent at that address is Corporation Service Company.

ARTICLE VI Incorporator

The name and address of the incorporator is:

<u>Name</u> <u>Address</u>

Christopher A. Morrison, M.D. 795 Collany Road, Unit 302

Tierra Verde, FL 33715

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this 10th day of January, 2025.

Christopher A. Morrison, M.D.
Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this 10th day of January, 2025.

CORPORATION SERVICE COMPANY

By: Danielle Ellenberger

Print Name: Danielle Ellenberger

Title: Asst. Secretary

FIN-81678