

P25000003859

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

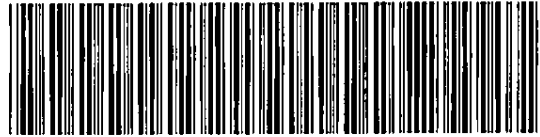
(Business Entity Name)

(Document Number)

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Account#: I200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/20/2025

Name: Cheyenne Davis

Reference #: 2626743

Entity Name: LIV HEALTH MEDICAL GROUP, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70

Signature: *Cheyenne Davis*

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COVER LETTER

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

SUBJECT: Liv Health Medical Group, 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: Jeremy Sherer

Name (Printed or typed)

c/o Orrick Herrington & Sutcliffe LLP, 222 Berkeley Street, Suite 2000

Address

Boston, MA 02116

City, State & Zip

617-880-2254

Daytime Telephone number

support@livhealth.com

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: Liv Health Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
220 Lexington Green Circle, Suite 410
Lexington, KY 40503

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice of Medicine

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert G. Darling, M.D., Director

Name and Title: Robert G. Darling, M.D., President/CEO

Address 220 Lexington Green Circle, Suite 410
Lexington, KY 40503

Address: 220 Lexington Green Circle, Suite 410
Lexington, KY 40503

Name and Title: Robert G. Darling, M.D., Secretary

Name and Title: Robert G. Darling, M.D., Treasurer/CFO

Address 220 Lexington Green Circle, Suite 410
Lexington, KY 40503

Address: 220 Lexington Green Circle, Suite 410
Lexington, KY 40503

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: Jeremy Sherer

Address: c/o Orrick Herrington & Sutcliffe LLP

222 Berkeley Street, Suite 2000, Boston, MA 02116

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

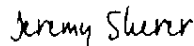


Required Signature/Registered Agent

1/20/2025

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.



Required Signature/Incorporator

1/18/2025

Date

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S. C. F.