



**Secretary of State**  
**Articles of Incorporation of a Professional Corporation**

ARTS-PC



**This Space For Office Use Only**

**IMPORTANT** — [Read Instructions](#) before completing this form.

**Filing Fee** – \$100.00

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00

Note: Corporations may have to pay a minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to [ftb.ca.gov](http://ftb.ca.gov).

**1. Corporate Name** (Contact the California state board or agency that controls your profession to find out if **your profession is authorized to be a corporation in California** and if there are any specific corporate name style rules. Go to [www.sos.ca.gov/business/be/name-reservations](http://www.sos.ca.gov/business/be/name-reservations) for general corporate name requirements and restrictions.)

The name of the professional corporation is Possible Health CA, PC

**2. Business Addresses** (Enter the **complete** business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - <b>Do not enter a P.O. Box</b> 2578 Broadway #580	City (no abbreviations) New York	State NY	Zip Code 10025
b. Initial Mailing Address of Corporation, if <b>different than item 2a</b>	City (no abbreviations)	State	Zip Code

**3. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State CA	Zip Code

**CORPORATION** – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

COGENCY GLOBAL INC.

**4. Shares** (Enter the **number of shares** the corporation is authorized to issue. **Do not** leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.  
 The total number of shares which this corporation is authorized to issue is 200.

**5. Purpose Statement** (Contact the California state board or agency that controls your profession to find out if your profession is authorized to be a corporation in California. Go to [www.dca.ca.gov/about\\_dca/entities.shtml](http://www.dca.ca.gov/about_dca/entities.shtml) for more information.)

The purpose of the corporation is to engage in the profession of medicine  
 and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a **professional corporation** within the meaning of California Corporations Code section 13400 et seq.

**6. Read and Sign Below** (This form must be signed by each incorporator. [See Instructions](#). Do not include a title.)

Signature

Montida Fleming, M.D.

Type or Print Name