



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/18/2024	202420001408	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	99.00	100.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

INTERSTATE FILINGS LLC  
301 MILL ROAD, SUITE U5  
HEWLETT, NY 11557

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
**5259613**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**UPWARD HEALTH OF OHIO, INC.**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC FOR PROFIT CORP - ARTICLES**

Effective Date: 07/18/2024

Document No(s):

**202420001408**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
18th day of July, A.D. 2024.

**Ohio Secretary of State**

Form 532A Prescribed by:

Date Electronically Filed: 7/18/2024



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910  
[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)  
File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Initial Articles of Incorporation**  
**(For Profit, Domestic Corporation)**  
**Filing Fee: \$99**  
**(113 - ARF)**  
**Form Must Be Typed**

**First:** Name of Corporation   
(Name must include the following word or abbreviation:  
company, co., corporation, corp., incorporated, or inc.)

**Second:** Location of Principal Office in Ohio  
   
City State  
  
County

**Optional:** Effective Date (MM/DD/YYYY)  (The legal existence of the corporation begins upon  
the filing of the articles or on a later date specified  
that is not more than ninety days after filing.)

**Third:** The number of shares which the corporation is authorized to have outstanding.  
(Please state if shares are common or preferred and their par value, if any.)  
    
Number of Shares Type of Shares Par Value of Shares

**Fourth:** If the corporation is to have an initial stated capital, please state the amount of that stated capital.  
  
Amount

**Optional:** Purpose:

**\*\* Note:** ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. \*\*

Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

Upward Health of Ohio, Inc.  
(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

INTERSTATE AGENT SERVICES LLC  
(Name of Statutory Agent)

250 E 5TH ST FL 15  
(Mailing Address)

CINCINNATI  
(Mailing City)

OH  
(Mailing State)

45202  
(Mailing ZIP Code)

Must be signed by the incorporators or a majority of the incorporators.

ANUBHAV KAUL  
(Signature)

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned, INTERSTATE AGENT SERVICES LLC, named herein as the  
(Name of Statutory Agent)

Statutory agent for Upward Health of Ohio, Inc.  
(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature ALEX ENGLARD  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

ANUBHAV KAUL

Signature

PRESIDENT

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name