







Incorporator Signature

## STATE OF CALIFORNIA Office of the Secretary of State ARTICLES OF INCORPORATION CA PROFESSIONAL CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

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File No.: 6531094 Date Filed: 1/10/2025

| Corporation Name   |   |
|--|---|
| Corporation Name   | Gaia Integrative Psychiatry, A Professional Nursing Corporation   |
| Initial Street Address of Principal Office of Corporation                  | on  |
| Principal Address  | 4959 PALO VERDE<br>STE 208C-7<br>MONTCLAIR, CA 91763  |
| Initial Mailing Address of Corporation                                     |   |
| Mailing Address  | 4959 PALO VERDE<br>STE 208C-7<br>MONTCLAIR, CA 91763  |
| Attention  | SUNYANI HENRY   |
| Agent for Service of Process   |   |
| Agent Name   | SUNYANI HENRY   |
| Agent Address  | 4959 PALO VERDE<br>STE 208C-7<br>MONTCLAIR, CA 91763  |
| Shares   |   |
| The total number of shares the corporati                                   | on is authorized to issue is: 10,000  |
| Does the corporation have more than on                                     | ne class or series of shares? No  |
| banking or trust company business) not                                     | age in the profession of NURSING and any other lawful activities (other than the prohibited to a corporation engaging in such profession by applicable laws and sional corporation within the meaning of California Corporations Code section 13400 |
| Additional information and signatures smade part of this filing.           | set forth on attached pages, if any, are incorporated herein by reference and   |
| Electronic Signature   |   |
| By checking this box, I acknowledge and that all information is true and c | e that I am electronically signing this document as the incorporator of the Corporation orrect.   |
| Louis Lansang  | 01/10/2025  |

Date