



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
FAX: (503) 378-4381  
sos.oregon.gov/business

**REGISTRY NUMBER: 255904691**  
**TYPE: DOMESTIC PROFESSIONAL CORPORATION**

**Next Renewal Date: 4/10/2027**

TALKSPACE PROVIDER NETWORK OR, P.C.  
PO BOX 659  
PORTSMOUTH NH 03802

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

<b>DOCUMENT</b>	<b>FILED ON</b>	<b>STATUS</b>
ARTICLES OF INCORPORATION	4/10/2026	ACTIVE

**NAME**  
TALKSPACE PROVIDER NETWORK OR, P.C.

**JURISDICTION**  
OREGON

**PRINCIPAL PLACE OF BUSINESS**  
622 THIRD AVENUE, 10TH FLOOR  
NEW YORK, NY 10017

**REGISTERED AGENT**  
C T CORPORATION SYSTEM  
780 COMMERCIAL STREET SE STE 100  
SALEM, OR 97301

**MAILING ADDRESS**  
PO BOX 659  
PORTSMOUTH, NH 03802

**PRESIDENT**  
NIKOLE BENDERS-HADI  
PO BOX 659  
PORTSMOUTH, NH 03802

**SECRETARY**  
NIKOLE BENDERS-HADI  
PO BOX 659  
PORTSMOUTH, NH 03802

#### Corporate Transparency Act

Visit [www.FinCEN.gov/BOI](http://www.FinCEN.gov/BOI) for the latest information regarding beneficial ownership reporting requirements.



Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

- BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 6, 9, 10,
PROFESSIONAL CORPORATION (Complete all Items. Note: Item

FILED: APR 10, 2026
OREGON SECRETARY OF STATE
Barcode and ID: 255904691-29079788

REGISTRY NUMBER: 255904691

TALKSPACE PROVIDER NETWORK... NEWINC

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1. NAME OF CORPORATION: Talkspace Provider Network OR, P.C.
NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".
2. PRINCIPAL OFFICE: (Must be a physical street address)
622 Third Avenue, 10th Floor
New York, NY 10017
3. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)
C T Corporation System
4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to registered agent's office.)
780 Commercial Street SE, Suite 100
Salem, OR 97301
5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:
PO Box 659
Portsmouth, NH 03802-0659
6. NUMBER OF SHARES: (At least one share must be listed.)
1,000
7. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: (PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)
Behavioral Health Services
8. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)
BENEFIT COMPANY: The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)
INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.
SEE ATTACHED

- 9. WHO IS FORMING THIS BUSINESS? (INCORPORATORS)
List names and addresses of each incorporator. Attach a separate sheet if necessary.
Nikole Benders-Hadi, M.D.
PO Box 659
Portsmouth, NH 03802-0659
LIST INITIAL PRESIDENT AND SECRETARY NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)
10. INITIAL PRESIDENT (Name and Address)
Nikole Benders-Hadi, M.D.
PO Box 659
Portsmouth, NH 03802-0659
11. INITIAL SECRETARY (Name and Address)
Nikole Benders-Hadi, M.D.
PO Box 659
Portsmouth, NH 03802-0659
12. INDIVIDUAL WITH DIRECT KNOWLEDGE
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.
Nikole Benders-Hadi, M.D.
PO Box 659
Portsmouth, NH 03802-0659

13. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: Signed by: Nikole Benders-Hadi, M.D.
Printed Name: Nikole Benders-Hadi, M.D.
Title: Incorporator

CONTACT NAME: (To resolve questions with this filing) PHONE NUMBER: (Include area code)

Kim Kirkpatrick (414) 978-5349

Articles of Incorporation - Business/Professional Corporation (12/18)

FEES
Required Processing Fee \$100
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.