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Florida Department of State
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To:

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (718) 889-7420

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

AMANDA LACKAYE, CRNA, P.C. INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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T. BURCH
JUN 19 2020



June 17, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: AMANDA LACKAYE, CRNA, P.C. INC.
REF: W20000061441

We have received your document for AMANDA LACKAYE, CRNA, P.C. INC. .
However, the enclosed document has not been filed and is being returned to
you for the following reason(s):

Due to transmission problems, your faxed document or coversheet is
illegible or incomplete. Please refax the document and cover sheet to
this office for processing.

Please return your document, along with a copy of this letter, within 60
days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please
call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H20000155826
Letter Number: 720A00011988

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AMANDA LACKAYE, CRNA, P.C. INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
440 N.E. 4TH AVENUE APT 312FT. LAUDERDALE, FL 33301

Mailing address, if different is:

440 N.E. 4TH AVENUE APT 312FT. LAUDERDALE FL 33301**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Certified Registered Nurse Anesthetist

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ARTICLE IV SHARESThe number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AMANDA LACKAYE/DIRECTOR

Name and Title: _____

Address 440 N.E. 4TH AVENUE APT 312

Address: _____

FT. LAUDERDALE, FL 33301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: AMANDA LACKAYE
 Address: 440 N.E. 4TH AVENUE APT 312
FT. LAUDERDALE, FL 33301

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMANDA LACKAYE
 Address: 440 N.E. 4TH AVENUE APT 312
FT. LAUDERDALE, FL 33301


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 business days prior or 90 business 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

05/23/2020
 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 §817.155, F.S.


 Required Signature Incorporator

05/23/2020
 Date