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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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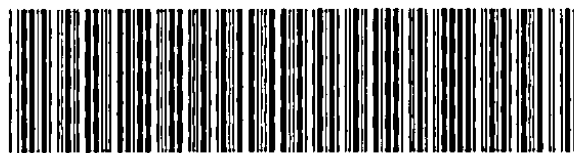
(Business Entity Name)

(Document Number)

opies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 21 2020

T. LEMIEUX

COVER LETTER

**Registration Section
Division of Corporations**

Comprehensive Anesthesia Solutions, LLC

To: _____
Name of Limited Liability Company

Enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Return all correspondence concerning this matter to the following:

Christopher Buechart

Name of Person

Comprehensive Anesthesia Solutions, LLC

Firm/Company

12263 Brookshire Ave

Address

Baton Rouge, LA 70815

City/State and Zip Code

cbuechart@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Buechart

225

939-2706

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

STATEMENT BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

PURSUANT TO SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Comprehensive Anesthesia Solutions, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."
Comprehensive Anesthesia Solutions, L.L.C. 84-2757876

State of Louisiana under the law of which foreign limited liability company is organized:

3. (FEI number, if applicable)

5/2020

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

12263 Brookshire Ave Baton Rouge, LA 70815

12263 Brookshire Ave Baton Rouge, LA 70815

(Street Address of Principal Office)

6. (Mailing Address)

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Katianne Buchart

Name:

6641 Woods Island Circle Apt 09-308

Office Address:

Port Saint Lucie

34952

(City)

, Florida

(Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Katianne Buchart

(Registered agent's signature)

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HALLMAN ASSOC. FLORENCE

initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign (up to six (6) total):

Capacity: Name and Address:
er Name: Christopher Bucht
12263 Brookshire Ave
er Address: Baton Rouge, LA 70815
rized
a
Other

Title or Capacity: Name and Address:
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
Other Other

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☐ Authorized
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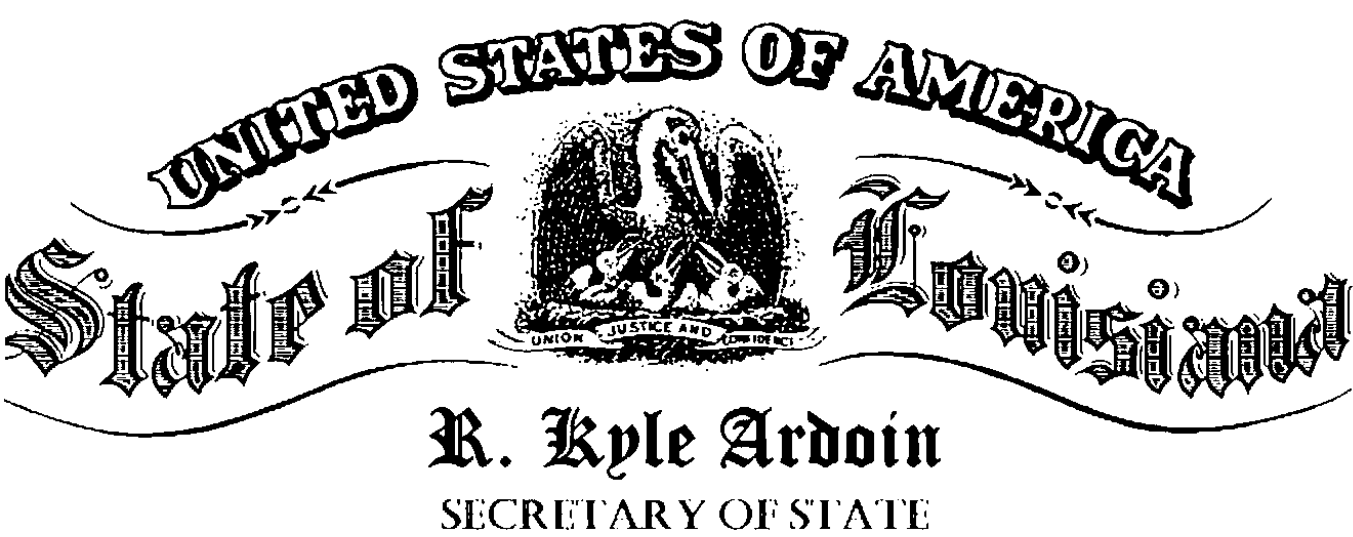
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Christopher Bucht
Typed or printed name of signee



As Secretary of State of the State of Louisiana I do hereby Certify that
the Articles of Organization of

COMPREHENSIVE ANESTHESIA SOLUTIONS, LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 19,
2019,

I further certify that no Certificate of Dissolution or Termination has been issued.

testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
placed at the City of Baton Rouge on,

January 2, 2020

R. Kyle Ardoin

Secretary of State

43573477K



Certificate ID: 11153447#NJH62

To validate this certificate, visit the following web site,
go to **Business Services, Search for Louisiana
Business Filings, Validate a Certificate**, then follow
the instructions displayed.
www.sos.la.gov