

PO0000061539

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000003300180--1
-06/21/00--01123--004
122.50 **78.75

SUBJECT: ANESTHESIA SPECIALIST SALES & SERVICE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RAFAEL A. ALMODOVAR

1096 WEST 42ND PLACE

HIALEAH, FL 33012

305/ 825-4406

S. Thompson JUN 26 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **Anesthesia Specialist Sales & Service, Inc**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1096 West 42nd Place
Hialeah, FL 33012**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (1,000.00) ONE THOUSAND SHARES OF COMMON STOCK. SUCH SHARES SHALL BE AS SINGLE CLASS AND SHALL HAVE A PAR VALUE OF (\$1.00) PER SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

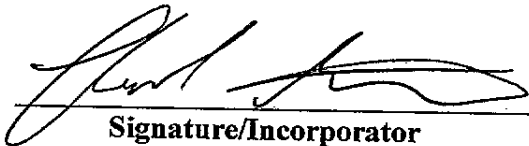
**RAFAEL A. ALMODOVAR
1096 WEST 42ND PLACE
HIALEAH, FL 33012**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RAFAEL A. ALMODOVAR

1096 WEST 42ND PLACE, HIALEAH, FL 33012



Signature/Incorporator

June 16, 2000

Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

June 16, 2000

Date

FILED
00 JUN 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA