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TRANSMITTAL LETTER

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

000004603810--5
-09/21/01--01034--008
*****78.50 *****78.50

SUBJECT : Melissa Kelly Anesthesia Services, Inc.
(Proposed corporate name - must include suffix)

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

☒ \$78.50
Filing Fee & Certificate

☐ \$122.50
Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 21 AM 9:40

FROM : Melissa Kelly
Name
223 Bryan Oak Ave.
Street Address
Brandon Florida 33511
City, State & zip
(813) 685 - 5311
Daytime Phone Number

SEP 25 2001

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be :

Melissa Kelly Anesthesia Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*223 Bryan Oak Ave.
Brandon Florida 33511*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **(100) one hundred shares of one dollar (\$1.00) par value common stock, which shall be designated "COMMON STOCK"**.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

*Melissa Kelly
223 Bryan Oak Ave.
Brandon Florida 33511*

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are) :

Melissa Kelly
223 Bryan Oak Ave.
Brandon Florida 33511

President

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

6th day of September 2001



Signature

Signature

Signature

Signature

Articles of Incorporations

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is :

Melissa Kelly Anesthesia Services, Inc.

2. The name and address of the registered agent and office is :

Melissa Kelly

(Name)

223 Bryan Oak Ave.

(P.O.BOX "not" accepted)

Brandon Florida 33511

(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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.

Melissa Kelly
Signature

September 6, 2001

Date