

PD7000064147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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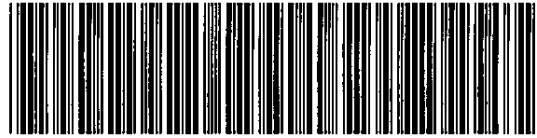
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAY 30 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: GRABAR Anesthesia INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Charles R Grabar JR
Name (Printed or typed)

5245 SW 97TH DR
Address

GAINESVILLE, FL 32608
City, State & Zip

352-380-9747
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GRABAR Anesthesia INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5245 SW 97TH DR.
GAINESVILLE, FL 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Anesthesia serviced and consulting, Anesthesia education, health And wellness education, And ANY lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charles R Grabar Jr
5245 SW 97TH DR.
GAINESVILLE, FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles R. Grabar Jr
5245 SW 97TH DR
GAINESVILLE, FL 32608

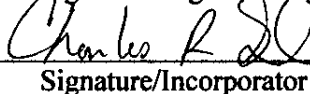
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

Charles R Grabar Jr

5/29/07

Date


Signature/Incorporator

Charles R Grabar Jr

5/29/07

Date

FILED

07 MAY 30 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA