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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 10-11

## COVER LETTER

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

SUBJECT: MICHELLE SITEK, CRNA, PA  
(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: MICHELLE SITEK  
Name (Printed or typed)

60 FAIRWAY LANE  
Address

ROYAL PALM BEACH, FLORIDA, 33411  
City, State & Zip

561-333-8162  
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:

MICHELLE SITEK, CRNA, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

60 FAIRWAY LANE  
ROYAL PALM BEACH, FLORIDA 33411

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO RENDER SPECIFIC PROFESSIONAL SERVICE AS NURSE ANESTHETIST.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES OF COMMON STOCK @ 1.00 VALUE PER SHARE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MICHELLE SITEK  
60 FAIRWAY LANE  
ROYAL PALM BEACH, FLORIDA 33411  
OFFICER/ DIRECTOR

**ARTICLE VI REGISTERED AGENT**

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

MICHELLE SITEK  
60 FAIRWAY LANE  
ROYAL PALM BEACH, FLORIDA 33411

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

MICHELLE SITEK  
60 FAIRWAY LANE  
ROYAL PALM BEACH, FLORIDA 33411

\*\*\*\*\*  
*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

x 9-6-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

x 9-6-07  
\_\_\_\_\_  
Date

FILED

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TALLAHASSEE, FLORIDA