

PO9000040024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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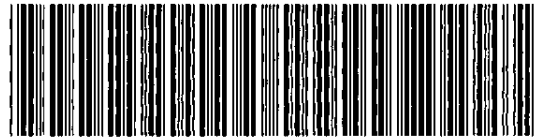
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Handwritten signature]

COVER LETTER

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

SUBJECT: Oha 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: Christine Oha
Name (Printed or typed)

905 Marble Drive
Address

Naples, FL 34104
City, State & Zip

239-430-0262
Daytime Telephone number

christine.oha@gmail.com
E-mail address: (to be used for future annual report notification)

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:

OHA ANESTHESIA INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

905 MARBLE DRIVE
NAPLES, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: PSTD CHRISTINE OHA
 905 MARBLE DRIVE
 NAPLES, FL 34104

ARTICLE VI REGISTERED AGENT

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

CHRISTINE OHA
905 MARBLE DRIVE
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTINE OHA
905 MARBLE DRIVE
NAPLES, FL 34104

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.

Christine OHA
CHRISTINE OHA

Signature/Registered Agent

Christine OHA
CHRISTINE OHA

Signature/Incorporator

5/2/2009

Date

5/2/2009

Date

FILED
09 MAY -4 AM 10:50
NOTARY PUBLIC
FLORIDA