

P09000066319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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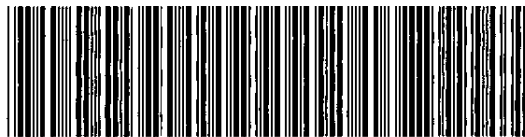
(Business Entity Name)

(Document Number)

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2009 AUG -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 06 2009

TRANSMITTAL LETTER

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

SUBJECT: Sea Schor 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: Ingrid Schor

Name (Printed or typed)

7149 Leisure St.

Address

Navarre, FL 32566

City, State & Zip

(850) 939-5758

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Sea Schor Anesthesia, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7149 Leisure St.
Navarre, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal for-profit business with a focus on anesthesia.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ingrid Schor
President
7149 Leisure St.
Navarre, FL 32566

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Ingrid Schor
7149 Leisure St.
Navarre, FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ingrid Schor
7149 Leisure St.
Navarre, FL 32566

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TALLAHASSEE, FLORIDA

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

Ingrid U Schor
Signature/Registered Agent

8/4/09
Date

Ingrid U Schor
Signature/Incorporator

8/4/09
Date