

Division of Corporations

P/1000090295

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

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From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GEM ANESTHESIA INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

11 OCT 13 PM 2:59
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Help

ARTICLE OF INCORPORATION
OF
GEM ANESTHESIA INC

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL
CORPORATION ACT, DO HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE ONE

THE NAME OF THE CORPORATION: GEM ANESTHESIA INC

ARTICLE TWO

THE DURATION OF THE CORPORATION IS PERPETUAL

ARTICLE THREE

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFULL BUSINESS CONNECTED WITH ALL KINDS OF BUSINESS
2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS WHICH CAN BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH OR AUXILIARY TO THE FOREGOING BUSINESS.
3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1.00

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED AGENT AND PRINCIPAL OFFICE OF THE CORPORATION IS: 14209 SW 54th St, Miami, FL 33175

REGISTERED AGENT AT SUCH ADDRESS IS: Elizabeth Lopez

ARTICLE SIX

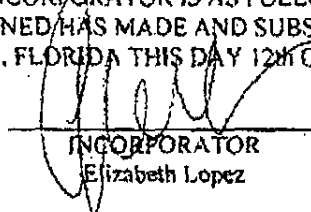
THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS ONE (1) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS MEMBER OF THE INITIAL BOARD OF DIRECTORS:

PRESIDENT: Elizabeth Lopez, 14209 SW 54TH Street, Miami, FL 33175
VICE PRESIDENT:
TREASURER:
SECRETARY:

ARTICLE SEVEN

RECORDED
11 OCT 13 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS: Elizabeth Lopez, 14209 SW 54th St, Miami, FL 33175 IS OF. THE UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY, FLORIDA THIS DAY 12th OF October 2011.



INCORPORATOR
Elizabeth Lopez

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED:

Elizabeth Lopez

KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE. ON 12 DAY OF October 2011

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES

10 OCT 13 PM 2:59
NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.



REGISTERED AGENT
Elizabeth Lopez

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENT IN THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED KNOWN TO BE AND KNOWN BY ME TO EXECUTE THE FOREGOING ACCEPTANCE BY REGISTERED AGENT, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THAT ACCEPTANCE ON 12th DAY OF October 2011

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES