

P12000094591

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

November 9, 2012

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

To Whom It May Concern:

Enclosed are original Articles of Incorporation and (1) copy for:

Suncoast Hernando Surgical Assisting, Inc
5115 Suwannee Rd
Spring Hill, FL 34607

Also enclosed is a check for \$87.50, payable to the Division of Corporations, in payment of filing fees, a certified copy, and certificate of status.

Respectfully,

A handwritten signature in black ink that reads "Judith A. Koster, PA-C". The signature is written in a cursive style with a large initial "J" and a stylized "K".

Judith A. Koster, PA-C
Company Registered Agent
jkost2@tampabay.rr.com
(352)428-4148

COVER LETTER

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

SUBJECT: Suncoast Hernando Surgical Assisting, 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: Judith A. Koster
Name (Printed or typed)
5115 Suwannee Rd
Address
Spring Hill FL 34607
City, State & Zip
352-592-4696
Daytime Telephone number
jkost2@tampabay.rr.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: Suncoast Hernando Surgical Assisting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5115 Suwannee Rd
Spring Hill Fl
34607

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our purpose is to provide experienced,
dependable assistants in the operating rooms
of Hernando County.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Koster / Company
Address: Director

5115 Suwannee Rd
Spring Hill, FL 34607

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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HILAND COUNTY, FLA.

ARTICLE VI REGISTERED AGENT

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

Name: Judith Koster, PAC
Address: 5115 Suwannee Rd
Spring Hill FL 34607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judith Koster, PAC
Address: 5115 Suwannee Rd
Spring Hill FL 34607

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

Judith Koster, PAC

Required Signature/Registered Agent

11-9-12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Judith Koster, PAC

Required Signature/Incorporator

11-9-12

Date