

P13000084438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

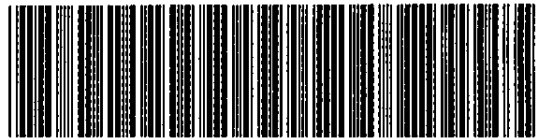
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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RECEIVED  
13 OCT 15 AM 10:12  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 OCT 15 AM 9:06

VH

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP: 10 - 14 - 13

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING Inc. \_\_\_\_\_

1. Florida Shared Savings Solutions, Inc.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**ARTICLES OF INCORPORATION  
OF  
FLORIDA SHARED SAVINGS SOLUTIONS, INC.**

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2013 OCT 15 AM 9:04

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**Article I -- Name**

The name of the corporation shall be FLORIDA SHARED SAVINGS SOLUTIONS, INC.

**Article II -- Principal Office**

4007 N. Taliaferro Ave., Suite C  
Tampa, FL 33603

**Article III -- Purpose**

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**Article IV -- Shares**

The corporation is authorized to issue 10,000 shares of \$0.01 par value common stock.

**Article V -- Initial Officers and/ or Directors**

Title: President  
K. Eric Sommers, M.D.  
4007 N. Taliaferro Ave., Suite C  
Tampa, FL 33603

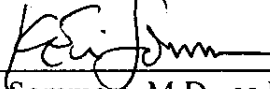
**Article VI -- Initial Registered Agent and Street Address**

K. Eric Sommers, M.D.  
4007 N. Taliaferro Ave., Suite C  
Tampa, FL 33603

**Article VII -- Incorporator**

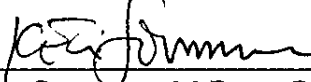
K. Eric Sommers, M.D.  
4007 N. Taliaferro Ave., Suite C  
Tampa, FL 33603

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 §817.155, Florida Statutes.

  
K. Eric Sommers, M.D., as Incorporator

Date: 10/7/13

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.

  
K. Eric Sommers, M.D., as Registered Agent

Date: 10/7/13

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