P13000095606

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT - MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



SUFFICIENCY OF FILMS

13 NOV 26 AH 8: 30

MD 11/27

CSC.	Sec. 13
CORPORATION SERVICE COMPANY	3 HOV 26
ACCOUNT NO. : I2000000195	· · · · · · · · · · · · · · · · · · ·
REFERENCE : 899608 4805411	AN 8: 31
AUTHORIZATION :	REE
COST LIMIT : \$ 70	
ORDER DATE : November 26, 2013	
ORDER TIME : 3:05 PM	
ORDER NO. : 899608-015	
CUSTOMER NO: 4805411	
DOMESTIC FILING	

NAME: STAR MERGER SUB III, INC.

EFFECTIVE DATE:

- XX
 ARTICLES OF INCORPORATION

 CERTIFICATE OF LIMITED PARTNERSHIP

 ARTICLES OF ORGANIZATION
- PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
- CERTIFIED COPY XX PLAIN STAMPED COPY
- <u>ERTIFICATE OF GOOD STANDING</u>

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: STAR MERGER SUB III, 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⊠ \$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

FROM: _____

Name (Printed or typed)

Ropes & Gray LLP, 1211 Avenue of the Americas

Address

New York, NY 10036-8704

City, State & Zip

(212) 596-9647

Daytime Telephone number

Jarrett.Szeftel@ropesgray.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)	с. Т	د	
ARTICLE I NAME The name of the corporation shall be:		NOV 2	۰ ۲۰۰ ۲۰۰
ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if	different is:	6 AM	i TT
450 East Las Olas Blvd., Suite 850	FIG	ö	1* 1*
Ft. Lauderdale, Florida 33301	יז פוגר פוגר	<u> </u>	

The purpose for which the corporation is organized is: ______ not prohibited by Chapter 607, Florida Statutes, as the same may be from time to time amended.

B. To do anything necessary and proper for the accomplishment or furtherance of any of the purposes or objects

of this corporation enumerated in these Articles of Incorporation, or any amendment thereof necessary or

incidental to the protection and benefit of this corporation; and in general, either alone or in association with other

corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment or

furtherance of such purposes or objects of this corporation.

ARTICLE IV SHARES The number of shares of stock is: 100 shares, par value \$0.001/share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Kristen Bratberg, Sole Director	Name and Title:
Address	clo11.S. Anesthesia Partners. Inc.	Address:
	450 East Las Olas Blvd., Suite 850	
	Ft. Lauderdale, Florida 33301	
Name and Title		Name and Title:
Name and The.		
Address		Address:
Name and Title:		_ Name and Title:
Address		Address:
	,	

Name an	d Title:	Name and Title:	
Address		Address:	
	<u> </u>		
	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Corporation Service Company		13 NOV 26
Address:	1201 Hays Street		
	Tallahassee, FL 32301		AM 8:
ARTICLE VII	INCORPORATOR		ORID:

The name and address of the Incorporator is:

Name:	Jarrett R. Szeftel, Esq.	
A delacasi	Ropes & Gray LLP, 1211 Avenue of th	ie

Address:

A., i.,

Americas, New York, NY 10036-8704

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 Corporation Service Company

Harry B. Davis M Z By: Asst. Vice President Date Required Signature/Registered Agent

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.

tu

11/26/13 Date

Required Signature/Incorporator

(conti)

T