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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

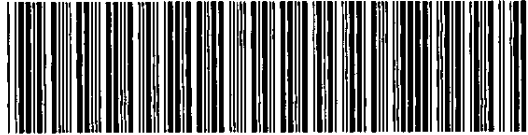
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA STATE  
HALLMARKS, FLORIDA

9/3/15

## COVER LETTER

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

SUBJECT: Sleep Apnea Institute of Sarasota, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: James T. Cannon, D.M.D.  
Name (Printed or typed)

1419 Burgos Drive  
Address

Sarasota, FL 34238  
City, State & Zip

(941) 539-9718  
Daytime Telephone number

JCannon199@yahoo.com  
E-mail address: (to be used for future annual report notification)

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**NOTE: Please provide the original and one copy of the articles.**

EFFECTIVE DATE 08/23/15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Sleep Apnea Institute of Sarasota, FL <sup>15 AUG 27 PM 3:02</sup>

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
500 N. Washington Blvd.  
Suite B  
Sarasota, FL 34236

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:  
1419 Burgos Drive  
Sarasota, FL 34238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a dental practice dedicated to  
the treatment of Obstructive Sleep Apnea.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James T. Cannon, D.M.D. Name and Title: \_\_\_\_\_

Address: 1419 Burgos Drive Address: \_\_\_\_\_

Sarasota, FL 34238

Owner, President

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: James T. Cannon  
Address: 1419 Burgos Drive  
Sarasota, FL 34238

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: James T. Cannon  
Address: 1419 Burgos Drive  
Sarasota, FL 34238

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

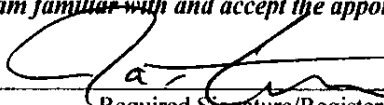
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 23, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

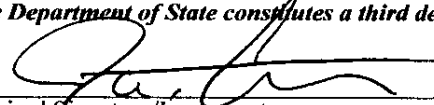
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

8/23/15  
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.*



Required Signature/Incorporator

8/23/15  
Date