

P15000077749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

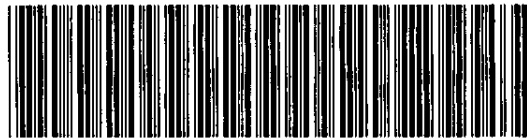
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500277021205

09/14/15--01007--001 \*\*70.00

15 SEP 16 PM 13:51

MD 9/22

## COVER LETTER

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

**SUBJECT:** BOYETTE ANESTHESIA STAFFING, 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:** CHERYL BOYETTE  
\_\_\_\_\_  
Name (Printed or typed)  
  
10908 AUSTRALIAN PINE DRIVE  
\_\_\_\_\_  
Address  
  
RIVERVIEW, FL 33579  
\_\_\_\_\_  
City, State & Zip  
  
727-946-6495  
\_\_\_\_\_  
Daytime Telephone number  
  
\_\_\_\_\_  
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: BOYETTE ANESTHESIA STAFFING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10908 AUSTRALIAN PINE DRIVE  
RIVERVIEW, FL 33579

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MEDICAL STAFFING

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHERYL BOYETTE, PRESIDENT

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

Address 10908 AUSTRALIAN PINE DRIVE  
RIVERVIEW, FL 33579

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

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: CHERYL BOYETTE

Address: 10908 AUSTRALIAN PINE DRIVE

RIVERVIEW, FL 33579

**ARTICLE VII INCORPORATOR**

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

Name: CHERYL BOYETTE

Address: 10908 AUSTRALIAN PINE DRIVE

RIVERVIEW, FL 33579

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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*

x C. Boyette  
Required Signature/Registered Agent

x 9/10/15  
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.*

x C. Boyette  
Required Signature/Incorporator

x 9/10/15  
Date