

PIS 0000 93498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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

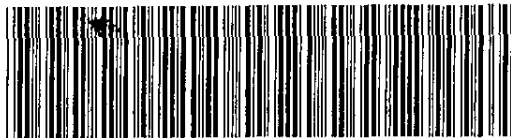
Special Instructions to Filing Officer:

Office Use Only

Y41500 70709

NOV 18 2015

T. SCOTT



700276347507

10/16/15--01020--015 \*\*78.75

15 NOV -9 PM 2:47



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 NOV -9 PM 2:10

SECRET  
TALLAHASSEE, FLORIDA

October 26, 2015

CHARLES S. CURRAN  
5920 RIVERSIDE DRIVE  
MELBOURNE BEACH, FL 32951

SUBJECT: C. SUENO INC.  
Ref. Number: W15000070709

We have received your document for C. SUENO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 315A00022576

## COVER LETTER

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

SUBJECT: C. Sueno 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: Charlene S. Curran  
Name (Printed or typed)

5920 Riverside Drive  
Address

Melbourne Beach, FL 32951  
City, State & Zip

(321) 794-2431  
Daytime Telephone number

hikcup@bellsouth.net  
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: C. SUENO Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5920 Riverside Drive same  
Melbourne Beach, Fl. 32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Certified Registered Nurse Anesthetist  
(CRNA) providing Anesthesia  
services to surgery centers &  
Hospitals

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Charlene CURRAN Name and Title: President Charlene CURRAN Name and Title: Treasurer

Address 5920 Riverside Drive Address: same

Melbourne Beach, Fl  
32951

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

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

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

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

15 NOV - 9 PM 2:47

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Charlene S. CURRAN

Address: 5920 Riverside Drive  
Melbourne Beach, FL 32951

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charlene S. CURRAN

Address: 5920 Riverside Drive  
Melbourne Beach, FL 32951

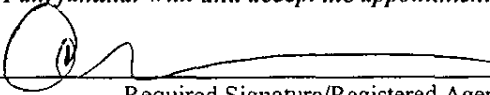
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/01/2015 (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.

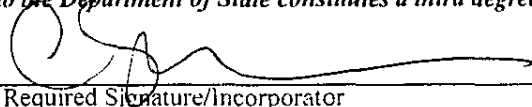
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

10/11/2015  
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

10/11/2015  
Date