

P1600W 57636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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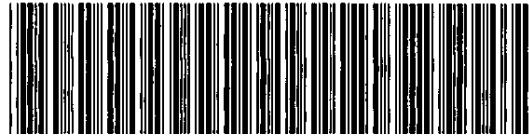
(Business Entity Name)

(Document Number)

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

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16 JUL -5 PM 12:00

JUL 14 2016

T. SCOTT

## COVER LETTER

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

**SUBJECT:** FRANCKO ANESTHESIA SERVICES, 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:** ELIZABETH HAM

Name (Printed or typed)

145 N. CHAMPIONS WAY, UNIT 111

Address

SAINT AUGUSTINE, FL 32092

City, State & Zip

810-869-4140

Daytime Telephone number

pgoldmancpa@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: FRANCKO ANESTHESIA SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
145 N. CHAMPIONS WAY, UNIT 111  
SAINT AUGUSTINE, FL 32092

Mailing address, if different is:  
29433 SOUTHFIELD RD., SUITE 103  
SOUTHFIELD, MI 48076

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH HAM PRESIDENT

Address 145 N. CHAMPIONS WAY, UNIT 111  
SAINT AUGUSTINE, FL 32092

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

16 JUL -5 PM 12:00

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: ELIZABETH HAM

Address: 145 N. CHAMPIONS WAY, UNIT 111

SAINT AUGUSTINE, FL 32092

**ARTICLE VII INCORPORATOR**

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

Name: ELIZABETH HAM

Address: 145 N. CHAMPIONS WAY, UNIT 111

SAINT AUGUSTINE, FL 32092

**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 Elizabeth Ham Elizabeth Ham  
Required Signature/Registered Agent

x 6-28-16  
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 Elizabeth Ham Elizabeth Ham  
Required Signature/Incorporator

x 6-28-16  
Date