

P16000081739

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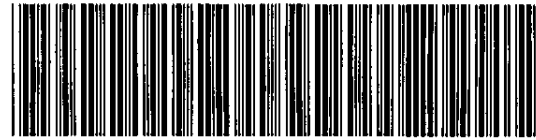
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT -6 AM 9:23

W16-064942

K 10/07/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2016

GABRIEL BUSUIOC  
6279 STURBRIDGE CT.  
SARASOTA, FL 34238

SUBJECT: SUNSHINE ANESTHESIA INC.  
Ref. Number: W16000064942

We have received your document for SUNSHINE ANESTHESIA 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L00000000043.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00020182

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SEP 20 10:57 AM  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

## COVER LETTER

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

**SUBJECT:** Coconut Anesthesia 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:** Gabriel Busuioc  
\_\_\_\_\_  
Name (Printed or typed)

6279 Sturbridge Ct.  
\_\_\_\_\_  
Address

Sarasota, FL 34238  
\_\_\_\_\_  
City, State & Zip

918-809-2165  
\_\_\_\_\_  
Daytime Telephone number

cgb112@yahoo.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: Coconut Anesthesia Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6279 Sturbridge Ct.

Sarasota, FL 34238

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Provide anesthesia services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Gabriel Busuioc, President

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

Address 6279 Sturbridge Ct.

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

Sarasota, FL 34238

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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DIVISION OF CORPORATIONS  
16 OCT -6 AM 9:23

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: Gabriel Busuioc  
 Address: 6279 Sturbridge Ct.  
 Sarasota, FL 34238

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**ARTICLE VII INCORPORATOR**

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

Name: Gabriel Busuioc  
 Address: 6279 Sturbridge Ct.  
 Sarasota, FL 34238

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 15, 2016 (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  
 9-15-16  
 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.*

\_\_\_\_\_  
 Required Signature/Incorporator  
 9-15-16  
 Date