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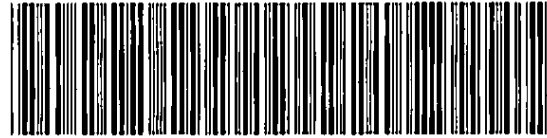
(Business Entity Name)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 718636 7335709

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : July 11, 2017

ORDER TIME : 9:39 AM

ORDER NO. : 718636-005

CUSTOMER NO: 7335709

DOMESTIC FILING

NAME: FAA MERGER SUB, INC.

EFFECTIVE DATE:

XXX___ ARTICLES OF INCORPORATION
___ CERTIFICATE OF LIMITED PARTNERSHIP
___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_XX___ CERTIFIED COPY
___ PLAIN STAMPED COPY
_XX___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT. 62969

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: FAA Merger Sub, 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: David Sandyk, Esq.

Name (Printed or typed)

Ropes & Gray LLP, 1211 Avenue of the Americas

Address

New York, NY 10036-8701

City, State & Zip

(212) 596-9350

Daytime Telephone number

david.sandyk@ropesgray.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: FAA Merger Sub, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
450 East Las Olas Blvd., Suite 850
Ft. Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A. To conduct and transact any business lawfully authorized and not prohibited by Chapter 607, Florida Statutes, as the same may be from time to time amended.

B. To do anything necessary and proper for the accomplishment or furtherance of any of the purposes or objects of this corporation enumerated in these Articles of Incorporation, or any amendment thereof necessary or incidental to the protection and benefit of this corporation; and in general, either alone or in association with other corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment or furtherance of such purposes or objects of this corporation.

ARTICLE IV SHARES

100 shares, par value \$0.001/share
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristen Bratberg, Sole Director

Name and Title: _____

Address: c/o U.S. Anesthesia Partners, Inc.

Address: _____

450 East Las Olas Blvd., Suite 850

Ft. Lauderdale, Florida 33301

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: David Sandyk, Esq.

Address: Ropes & Gray LLP, 1211 Avenue of the Am

New York, NY 10036-8701

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 days prior or 90 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

Melissa Zender
Asst. Vice President

7/12/17
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

July 11, 2017
Date