

# P17000095727

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

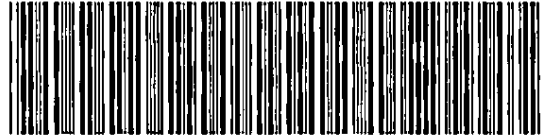
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17 NOV 30 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Access 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:** Deji Akinlosotu  
Name (Printed or typed)

411 Walnut Street #11944  
Address

Green Cove Springs, FL 32043  
City, State & Zip

608-354-3559  
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)

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ARTICLE I NAME Access Anesthesia Staffing, Inc.  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is: \_\_\_\_\_

\_\_\_\_\_  
411 Walnut Street #11944

\_\_\_\_\_  
29433 Southfield Rd. Suite 103

\_\_\_\_\_  
Green Cove Springs, FL 32043

\_\_\_\_\_  
Southfield, MI 48076

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: Anesthesia Staffing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES 60,000  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deji Akinlosotu President Name and Title: \_\_\_\_\_

Address 411 Walnut Street #11944 Address: \_\_\_\_\_

Green Cove Springs, FL 32043 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Deji Akinlosotu  
 Address: 411 Walnut Street #11944  
Green Cove Springs, FL 32043

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Deji Akinlosotu  
 Address: 411 Walnut Street #11944  
Green Cove Springs, FL 32043

**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*

x Deji Akinlosotu Required Signature/Registered Agent x 11/10/2017 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 Deji Akinlosotu Required Signature/Incorporator x 11/10/2017 Date