

P1700010002

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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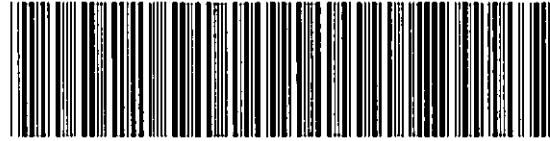
(Business Entity Name)

(Document Number)

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J REYES
DEC 20 2017

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FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

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

SUBJECT: CHRISTIAN 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: CHRISTIAN CLEVELAND-PECK
Name (Printed or typed)
531 24TH AVE NORTH
Address
ST. PETERSBURG , FL 33704
City, State & Zip
727-251-4751
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: CHRISTIAN ANESTHESIA SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

531 24TH AVE NORTH

ST. PETERSBURG, FL 33704

Mailing address, if different is:

29433 SOUTHFIELD RD STE 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: CHRISTIAN CLEVELAND-PECK PRES

Address 531 24TH AVE NORTH

ST. PETERSBURG, FL 33704

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: CHRISTIAN CLEVELAND-PECK
Address: 531 24TH AVE NORTH
ST. PETERSBURG, FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTIAN CLEVELAND-PECK
Address: 531 24TH AVE NORTH
ST. PETERSBURG, FL 33704

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 _____
Required Signature/Registered Agent

x 12/14/17
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.

x _____
Required Signature/Incorporator

x 12/14/17
Date

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