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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
APR 05 2018

COVER LETTER

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

SUBJECT: SPARTAN 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: JANICE WIRTH
Name (Printed or typed)
935 N BENEVA ROAD SUITE 609-59
Address
SARASOTA, FL 34232
City, State & Zip
630-707-5212
Daytime Telephone number
WIRTHJ4@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: SPARTAN ANESTHESIA STAFFING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

935 N BENEVA ROAD SUITE 609-59

SARASOTA, FL 34232

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: JANICE WIRTH PRESIDENT

Name and Title: _____

Address 935 N BENEVA ROAD SUITE 609-59

Address: _____

SARASOTA, FL 34232

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR -2 AM 11:17

FILED

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: JANICE WIRTH
Address: 935 N BENEVA ROAD SUITE 609-59
SARASOTA, FL 34232

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JANICE WIRTH
Address: 935 N BENEVA ROAD SUITE 609-59
SARASOTA, FL 34232

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 Janice C Wirth
Required Signature/Registered Agent

x 3-31-18
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 Janice C Wirth
Required Signature/Incorporator

x 3-31-18
Date