

P180000073242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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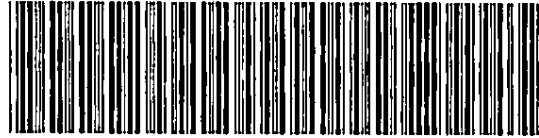
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TAMMASEE, MOBILE

AUG 28 2018

C. KIRSC,

PAUL H. GOLDMAN & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS

29433 Southfield Road - #103
SOUTHFIELD, MICHIGAN 48076
(248) 559-7404
Fax (248) 559-0444

TO: El Nursing Anesthesia Services Inc DATE: July 20 2018

REGARDING: Articles of Incorporation

1. SIGNING INSTRUCTIONS

- (x) Sign and date where indicated. on both copies, 2 times
- () Write title where indicated.
- () Signature must be notarized.

2. PAYMENT INSTRUCTIONS

Enclose check payable to:

- () United States Treasury \$ _____
- () State of Michigan \$ _____
- () Secretary of State/State of \$ _____
- () Treasurer, \$ _____
- () NO REMITTANCE NECESSARY.
- () YOU WILL RECEIVE A REFUND OF \$ _____
- () Overpayment is being applied to next return .. \$ _____
- (x) Florida Dept of State \$ 70.00

3. MAILING INSTRUCTIONS

Mail on or before A.S.A.P. to:

- () Internal Revenue Service Center, Cincinnati, OH 45999
- () Michigan Department of Treasury, POB 30054 / 30057 / 30059, Lansing, MI 48909
- () Michigan Department of Treasury, POB 77003, Detroit, MI 48277
- () Michigan Department of Treasury, POB 30477, Lansing, MI 48909
- () Michigan Department of Treasury, Lansing, MI 48922 / 48929 / 48956
- () Paul Goldman, CPA
- (x) Department of State Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314
- () Use enclosed addressed envelope.
- () Retain copy for your files.

COVER LETTER

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

SUBJECT: CR NURSING 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: CORTNY RUGGLES

Name (Printed or typed)

441 BALEARICS DRIVE

Address

ST AUGUSTINE , FL 32086

City, State & Zip

920-609-9505

Daytime Telephone number

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 CR NURSING ANESTHESIA SERVICES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
441 BALEARICS DRIVE _____
ST AUGUSTINE, FL 32086 _____

ARTICLE III PURPOSE ANESTHESIA STAFFING
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	CORTNY RUGGLES	Name and Title:	
Address	441 BALEARICS DRIVE	Address:	
	ST AUGUSTINE, FL 32086		
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FL 32310

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: CORTNY RUGGLES
Address: 441 BALEARICS DRIVE
ST AUGUSTINE, FL 32086

ARTICLE VII INCORPORATOR

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

Name: CORTNY RUGGLES
Address: 441 BALEARICS DRIVE
ST AUGUSTINE, FL 32086

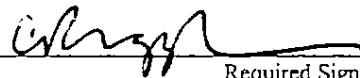
ARTICLE VIII EFFECTIVE DATE:

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.)

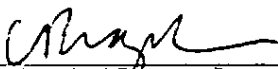
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07/23/18
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 
Required Signature/Incorporator

x 07/23/18
Date