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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fm214b@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Benjamin Anesthesia Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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SEP 03 2019

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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: Benjamin Anesthesia Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12703 Geneva Glade Drive

12703 Geneva Glade Drive

Riverview, FL, US, 33578

Riverview, FL, US, 33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Bessy Benjamin- Director

Name and Title:

Address

12703 Geneva Glade Drive ,

Address:

Riverview, FL, US, 33578

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: LEGALINC CORPORATE SERVICES INC.
Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL. US. 33907

ARTICLE VII INCORPORATOR

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

Name: Nancy Luna
Address: 10601 Clarence Dr. Ste. 250
Frisco, TX, 75033

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

Nancy Luna

Required Signature/Registered Agent

08/21/2019

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.

Nancy Luna

Required Signature/Incorporator

08/21/2019

Date

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