

P200000 97172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

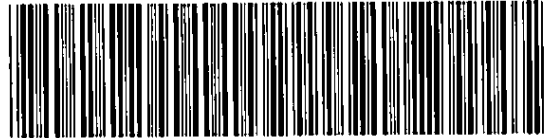
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600356618876

600356618876
DEC 16 2020

RECEIVED
TALLAHASSEE, FLORIDA

2020 DEC 16 PM 2:01

FILED
2020 DEC 16 PM 2:23

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/16/20

NAME: EN TSA HOLDINGS, INC

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: ENTSA Holdings, 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: Jeffrey J. Lehman, M.D.

Name (Printed or typed)

716 Golfpark Drive

Address

Celebration, Florida 34747

City, State & Zip

407-810-3545

Daytime Telephone number

jlehmanmd@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: ENTSA Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

133 Benmore Drive
Suite 100

Winter Park, Florida 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful act or activity for which corporations may be formed under
the Florida Business Corporation Act and to engage in any activities necessary or incidental thereto.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey J. Lehman, M.D. - Director

Name and Title: Jeffrey E. Baylor, M.D. - Director

Address 716 Golfpark Drive
Celebration, Florida 34747

Address: 1737 Elizabeths Walk
Winter Park, Florida 32789

Name and Title: Aftab H. Patni, M.D. - Director

Name and Title: Kiran Tipimani, M.D. - Director

Address 2055 Shadow Lane
Orlando, Florida 32814

Address: 1863 Lake Markham Preserve Trail
Sanford, Florida 32771

Name and Title: Brian C. Spector, M.D. - Director

Name and Title: Hao N. Tran, M.D. - Director

Address 2545 Carter Grove Circle
Windermere, Florida 34786

Address: 472 Fletcher Place
Winter Park, Florida 32789

FILED
2020 DEC 16 PM 2:24

Name and Title: Barry S. Kang, M.D. - Director

Name and Title: Armon Jadidian, M.D. - Director

Address 2844 Lincroft Avenue

Address: 1411 Place Picardy

Orlando, Florida 32814

Winter Park, Florida 32789

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey J. Lehman, Director

Address: 716 Golfpark Drive

Celebration, Florida 34747

ARTICLE VII INCORPORATOR

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

Name: J. Sims Rhyne, III

Address: 420 North 20th Street, Suite 3400

Birmingham, Alabama 35203

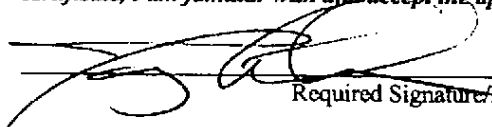
ARTICLE VIII EFFECTIVE DATE:

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.)

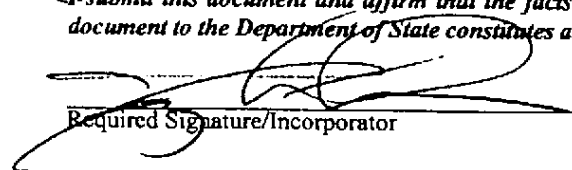
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

12/15/20
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.


Required Signature/Incorporator

12/15/20
Date