

PZ1000053438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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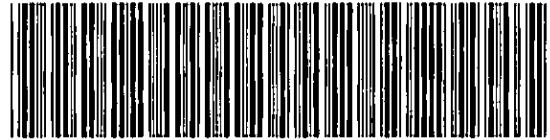
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 17 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
JUN 7 2021

COVER LETTER

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

SUBJECT: HHA Architects 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Michael Ennis
Name (Printed or typed)
3645 Slayton Ave
Address
North Port FL 34286
City, State & Zip
401 986 8969
Daytime Telephone number
Mikeennis12@cox.net
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: HHA Anesthesia Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9069 Lynn Lane
58095679 FL 34241

Mailing address, if different is:

3645 Slayton Ave
North Port FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Anesthesia
services.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Eads</u>	Name and Title:	<u>President</u>
Address	<u>3645 Slayton Ave</u> <u>North Port FL 34286</u>	Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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: Michael Ennis

Address: 3645 Slexton Ave
North Port FL 39286

ARTICLE VII INCORPORATOR

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

Name: Michael Ennis

Address: 3645 Slexton Ave
North Port FL 39286

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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/1/2021 (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.

[Signature]
Required Signature/Registered Agent

5/12/2021
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.

[Signature]
Required Signature/Incorporator

5/12/2021
Date