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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**CORPORATE
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INC.**

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INC

1. **AIRWAY ALLIANCE FLORIDA, P.A.**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: Airway Alliance Florida, P.A.

(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: Christine M. Nuccio

Name (Printed or typed)

7700 Forsyth Blvd., Suite 1800

Address

Saint Louis, MO 63105

City, State & Zip

(314) 259-4749

Daytime Telephone number

cnuccio@atllp.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: Airway Alliance Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

900 Thomas Drive
Panama City Beach, FL 32408

Mailing address, if different is:

900 Thomas Drive
Panama City Beach, FL 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: professional dentistry services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara Griffin, Director

Name and Title: _____

Address 900 Thomas Drive
Panama City Beach, FL 32408

Address: _____

Name and Title: Tara Griffin, President and Secretary

Name and Title: _____

Address 900 Thomas Drive
Panama City Beach, FL 32408

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
PANAMA CITY BEACH, FLORIDA

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: Registered Agent Solutions, Inc.
Address: 155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Tara Griffin
Address: 900 Thomas Drive
Panama City Beach, FL 32408

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

By: Mackie Jett 7/8/2022
Required Signature/Registered Agent 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.

Tara Griffin July 7, 2022
Required Signature/Incorporator Tara Griffin Date