

P23000058344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

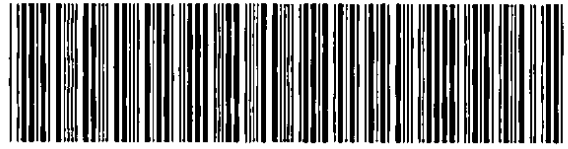
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 926472 4353424

AUTHORIZATION :

COST LIMIT : *David Aleman*
\$970.00

ORDER DATE : August 8, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 926472-005

CUSTOMER NO: 4353424

DOMESTIC FILING

NAME: CONTINUUM SURGERY CENTER OF
NAPLES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: _____

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: Continuum Surgery Center of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1680 Michigan Avenue, Suite 700 Miami Beach, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized to transact any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act, as it now exists or may hereafter be amended or supplemented.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SIVA SURESH- CHAIRMAN & CEO

Name and Title: MICHAEL ROVENS - DIRECTOR

Address 1680 Michigan Avenue, Suite 700
Miami Beach, FL 33139

Address: 1680 Michigan Avenue, Suite 700
Miami Beach, FL 33139

Name and Title: DEBORAH MITCHELL- SECRETARY

Name and Title: _____

Address 1680 Michigan Avenue, Suite 700
Miami Beach, FL 33139

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: CORPORATION SERVICE COMPANY
Address: 1201 HAYS ST
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: VICTORIA SADOSKY
Address: 488 MADISON AVENUE 23RD FLOOR
NEW YORK, NEW YORK 10022

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

Alexis Weiland-Jensen, ACP 08/09/2023
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.

/S/ VICTORIA SADOSKY 08/09/2023
Required Signature/Incorporator Date

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