

P230000 69691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

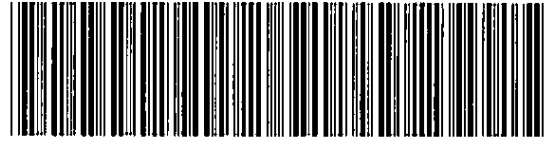
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Account#: I20000000088

Date: 09/27/2023

Name: Jennifer

Reference #: 2129285

Entity Name: Complete Sleep Medicine, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: 70.00

Signature: 

COVER LETTER

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

SUBJECT: Complete Sleep Medicine, 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: Andres Moran
Name (Printed or typed)
37 Kilmer Rd
Address
Larchmont, NY 10538
City, State & Zip
305-799-6184
Daytime Telephone number
dremoran8@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: Complete Sleep Medicine, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
37 Kilmer Rd
Larchmont, NY 10538

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Andres Moran, CEO	Name and Title:	
Address	37 Kilmer Rd	Address:	
	Larchmont, NY 10538		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE FL 32304

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: _____ Cogency Global Inc.
Address: _____ 115 North Calhoun Street, Suite 4
_____ Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: _____ Andres Moran
Address: _____ 37 Kilmer Rd
_____ Larchmont, NY 10538

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:

Lauren Thorne Assistant Secretary
Required Signature/Registered Agent
09-27-2023
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.