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CT CORP
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3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/11/2023

Acc#I20160000072

mic SW

Name:	AEI Seller Corp.
Document #:	
Order #:	15271559

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: AEI Seller Corp.

(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: Charles Duss, M.D.

Name (Printed or typed)

3316 Third Street South, Suite 103

Address

Jacksonville Beach, FL 32250

City, State & Zip

Daytime Telephone number

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: AEI Seller Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3316 Third Street South, Suite 103

Jacksonville Beach, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct business in accordance with Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common stock, par value \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Duss, M.D., Director, President and Secretary

Name and Title:

Address

3316 Third Street South, Suite 103

Address:

Jacksonville Beach, FL 32250

Name and Title: Karim Samara, M.D., Director

Name and Title:

Address

3316 Third Street South, Suite 103

Address:

Jacksonville Beach, FL 32250

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: C T Corporation System _____

Address: 1200 South Pine Island Road Plantation _____

FL 33324 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Duss, M.D. _____

Address: 3316 Third Street South, Suite 103 _____

Jacksonville Beach, FL 32250 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: December 11, 2023 (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: C T Corporation System Kathryn A. Widdoes
Kathryn A. Widdoes Required Signature/Registered Agent Assistant Secretary

December 11, 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.

/s/ Charles Duss, M.D.

Required Signature/Incorporator

December 11, 2023

Date

2023

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11

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