

# P24000005032355

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION BLEU YAWN, PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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DEPT. OF STATE  
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** BLEU YAWN, PA  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
80 SUNRISE AVENUE  
N. FORT MYERS FL 33903

Mailing address, if different is:  
80 SUNRISE AVENUE  
N. FORT MYERS FL 33903

**ARTICLE III PURPOSE** REGISTERED NURSE PERFORMING ANESTHESIA SERVICES  
The purpose for which the corporation is organized is:

**ARTICLE IV SHARES** 200  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KATHERINE MARX-President  
Address 80 SUNRISE AVENUE  
N. FORT MYERS FL 33903

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
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: KATHERINE MARX  
 Address: 80 SUNRISE AVENUE  
N. FORT MYERS FL 33903

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KATHERINE MARX  
 Address: 80 SUNRISE AVENUE  
N. FORT MYERS FL 33903

**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 business days prior or 90 business 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

Katherine A Marx  
 Required Signature/Registered Agent

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.

Katherine A Marx  
 Required Signature/Incorporator

1/3/2024  
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