

P24000060378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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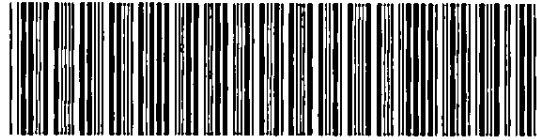
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Williams Anesthesia Group Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** Chad D. Cummings, Florida Attorney of Record

Name (printed or typed)

5150 Tamiami Trail North, Suite 201

Address

Naples, FL 34103-2818

City, State & Zip

(239) 682-9925

Daytime Telephone Number

jwilltvc15@gmail.com

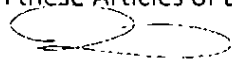
E-mail address: (to be used for future annual report notification)

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Jason Williams, President  
(Name) (Title)  
of Williams Anesthesia Group, an Advanced Practice Nursing Corporation, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Williams Anesthesia Group, an Advanced  
Practice Nursing Corporation (Foreign Corporation)
2. The jurisdiction and date of its formation is State of California, January 1, 2023
3. The name of the domesticated corporation is Williams Anesthesia Group Inc.  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.



\_\_\_\_\_  
(Authorized Signature)

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TALLAHASSEE, FL

**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: Williams Anesthesia Group Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

622 Coral Trace Blvd.

622 Coral Trace Blvd.

Edgewater, FL 32132

Edgewater, FL 32132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all lawful purposes permitted under Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 25,000

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

Name and Title: Jason Williams, President and Secretary

Name and Title: \_\_\_\_\_

Address 622 Coral Trace Blvd.

Address: \_\_\_\_\_

Edgewater, FL 32132

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL

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: Jason Williams

Address: 622 Coral Trace Blvd.

Edgewater, FL 32132

**ARTICLE VII INCORPORATOR**

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

Name: Jason Williams

Address: 622 Coral Trace Blvd.

Edgewater, FL 32132

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TALLAHASSEE, FL


**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*

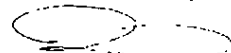


\_\_\_\_\_  
Required Signature/Registered Agent

8/26/2024

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

8/26/2024

\_\_\_\_\_  
Date