

P24000069416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

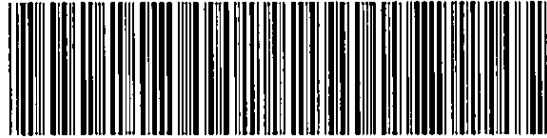
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Certified Copies _____

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Office Use Only



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STATE
TALLAHASSEE, FL

NOV 12 AM 9:47

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/12/2024

****WALK IN****

ENTITY NAME National Institute for Cardiac Emergencies USA, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

XXXXXXXXXX

XXXXXXXXXX

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TALLAHASSEE, FL
STATE

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 87.50

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: National Institute for Cardiac Emergencies USA, Inc.

(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

RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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FROM: United Corporate Services, inc.

Name (Printed or typed)

80 State Street, Suite 1101

Address

ALBANY NY 12207

City, State & Zip

877-894-9049

Daytime Telephone number

chris.byron@niceheart.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: National Institute for Cardiac Emergencies USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 Oyster Shell Terrace

200 Oyster Shell Terrace

Ponte Vedra, FL 32081

Ponte Vedra, FL 32081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity permitted by law.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
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: Christopher Byron

Address: 200 Oyster Shell Terrace

Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

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

Name: Christopher Byron

Address: 200 Oyster Shell Terrace

Ponte Vedra, FL 32081

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DEPARTMENT OF STATE
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

/s/ Christopher Byron _____

Required Signature/Registered Agent

11/12/24

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/ Christopher Byron _____

Required Signature/Incorporator

11/12/24

Date