

To:

P25000009321

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : RASI 5
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SAWAGED AND BARSOUM DDS PA

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

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2025 FEB 17 AM 9:20

SAWAGED AND BARSOUM DDS PA

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

ARTICLE I NAME SAWAGED AND BARSOUM DDS PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
320 Central Ave #510 320 Central Ave #510
Sarasota FL 34236 Sarasota FL 34236

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Emergency MD

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Matthew Sawaged-President Name and Title:
Address 320 Central Ave #510 Address:
Sarasota FL 34236
Name and Title: Name and Title:
Address Address:
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: Matthew Sawaged
 Address: 320 Central Ave #510
Sarasota FL 34236

ARTICLE VII INCORPORATOR

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

Name: Matthew Sawaged
 Address: 320 Central Ave #510
Sarasota FL 34236

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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

/s/ Matthew Sawaged 2/14/25
 Required Signature/Registered Agent 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/ Matthew Sawaged 2/14/25
 Required Signature/Incorporator Date