

N170000003883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

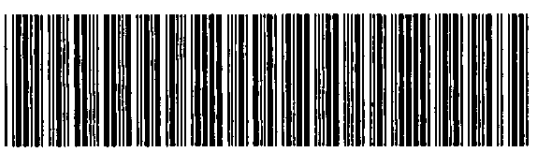
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100297358331

04/05/17--01011--002 **105.00

APR 10 2017
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: PAK American Clinic Inc
Name of Resulting Florida ~~Profit~~ Corporation
NCN

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. ~~607~~.1115, F.S.
617

Please return all correspondence concerning this matter to:

Zafar I Qureshi
Contact Person

Firm/Company

4900 SW 74 CT

Address

Miami, FL 33155

City, State and Zip Code

SyedZ416@yahoo.com

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

For further information concerning this matter, please call:

SYED ZAFAR

Name of Contact Person

at (305) 905-6443

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. ~~607~~⁶¹⁷.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

PAK American Clinic LLC 116-212062

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of State of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 11-18-2016
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

PAK American Clinic INC

Enter Name of Florida ~~Profit~~
Non Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

Signed this 29 day of March, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Zafar Qureshi

Printed Name: Zafar I Qureshi Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Zafar Qureshi

Printed Name: Zafar I Qureshi Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: PAK American Clinic INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

99 NW 183rd Street
Suite 133
Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide free Clinic Service
For Uninsured Patients

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

as stated in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Unser M Khan President MD Name and Title: Zafar I Qureshi MD Vice president

Address: 7728 Yosemite Lane Address: 5900 SW 195th Terrace
Parkland, FL 33067 Southwest Ranches, FL 33332

Name and Title: Mohammed Amin Markatia Secretary Name and Title: Mian Ahmed Hasan MD Director

Address: 2172 Cartagena Drive Address: 333 LAS olas way Apt # 2802
Boca Raton FL 33428 FT. Lauderdale, FL 33301

Name and Title: IQBAL ZAFAR HAMID MD Director Name and Title: Mohammed Iqbal Ismail MD Director

Address: 1375 Beacon Cir Address: 7601 W Cypresshead Dr
Wellington, FL 33414 Parkland, FL 33067

Name and Title: Saqib Masraor ^{MD} Director Name and Title: _____

Address: 5971 SW 88th ST Address: _____
Miami, FL 33156

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: Zafar I Qureshi

Address: 7728 Yosemite Lane
Parkland, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Zafar I Qureshi

Address: 7728 Yosemite Lane
Parkland, FL 33067

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

Zafar Qureshi

Required Signature of Registered Agent

04-10-2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Zafar Qureshi

Required Signature of Incorporator

04-10-2017

Date