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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/30

COVER LETTER

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

SUBJECT: COPTIC PHARMACISTS ASSOCIATION, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: NABIL H. ASSAAD
Name (Printed or typed)

222 DOLPHIN POINT #A
Address

Clearwater, FL 33767
City, State & Zip

727-442-0798
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Coptic Pharmacists Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

2060 Marilyn Street # E 238
Clearwater, FL 33765.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

① Serve as health care advisor ② Help newly immigrant Pharmacists
③ Help Coptic Pharmacists in Florida ④ Support, Proctect and maintain pharmacy standard. practice.
⑤ Help Pharmacist in continuing education credits and provide live CE credit.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Dues paying members will elect board of directors 'Other than President and vice President'
Associated members have no right to elect.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Father Kyrillos Makar 669 Tomoka Dr., Palm Harbor 34683 President.
Zeuzef Makar 669 Tomoka Dr., Palm Harbor 34683 Vice President.
Albert Shaker 17930 Lane, Clearwater, FL 33767 Secretary.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Nabil H. Assaad 222 Dolphin Pt # A Clearwater FL

ARTICLE VII INCORPORATOR

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

Albert Shaker 440 S. Gulf View Blvd, FL 33767

****

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.

Nabil H. Assaad
Signature/Registered Agent

Date

Albert Shaker
Signature/Incorporator

7/25/2008
Date