

NI3000002625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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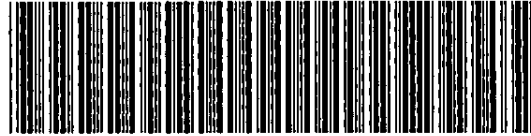
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Muslim Friends of Brevard County, 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: Dr. Muzaffar A. Shaikh
Name (Printed or typed)

409 Crystal Lake Drive
Address

Melbourne, FL 32940
City, State & Zip

321 537 6656
Daytime Telephone number

mshaikh@fit.edu
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 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: Muslim Friends of Brevard County, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7827 North Wickham Road, Suite B

Melbourne, FL 32940

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TALLAHASSEE FLORIDA

Mailing address, if different from principal office:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To assist the Muslim community with completion of last rites after death of loved ones according to Islamic traditions.

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

1. Elections are held every three years 2. Directors are elected by the Muslim community

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Muzaffar A. Shaikh, President

Address: 409 Crystal Lake Drive
Melbourne, FL 32940

Name and Title: Dr. Muhammad Mujeeb, Secretary Two

Address: 3520 Charleton Place
Melbourne, FL 32934

Name and Title: Dr. Abdul M. Karim, Vice President

Address: 1815 Windsong Trail
Merritt Island, FL 32952

Name and Title: Dr. Muhammad Irfan Aslam, Treasurer

Address: 3498 Cappio Drive
Melbourne, FL 32940

Name and Title: Dr. Salman Rashid, Secretary One

Address: 1409 Southpointe Ct.
Melbourne, FL 32940

Name and Title: Dr. Sajid Qaiser, Member One

Address: 4365 Linkwood Place
Melbourne, FL 32940

Name and Title: Mr. Khaleel Dinally, Member Two

Address: 1249 Harbor Town Circle
Melbourne, FL 32940

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Muzaffar A. Shaikh

Address: 409 Crystal Lake Drive
Melbourne, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Muzaffar A. Shaikh

Address: 409 Crystal Lake Drive
Melbourne, FL 32940

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

M. Shaikh (MUZAFFAR A. SHAIKH)
Required Signature of Registered Agent

03/11/2013

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.

M. Shaikh
Required Signature of Incorporator

03/11/2013

Date