

N19000005731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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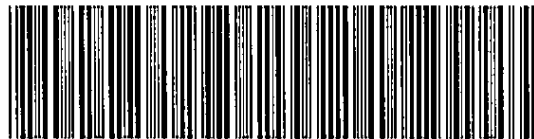
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE
19 MAY 20 PM 2:36

COVER LETTER

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

SUBJECT: ISLAMIC SOCIAL SERVICES, 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: Riaz Qureshi

Name (Printed or typed)

1100 W. Blue Springs Ave.

Address

Orange City, FL 32763

City, State & Zip

386-956-8803

Daytime Telephone number

riazqureshi@hotmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: ISLAMIC SOCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
410 Summerhaven Dr.

Suite 1A

Debary, FL 32713

Mailing address, if different is:
Riaz Qureshi

1100 W. Blue Springs Ave.

Orange City, FL 32763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Serve the local needy community by providing medical assistance, assisted living for seniors, funeral assistance and food pantry etc.

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

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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NOTARIAL PUBLIC

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: Riaz Qureshi
Address: 1100 W. Blue Springs Ave.
Orange City, FL 32763

ARTICLE VII INCORPORATOR

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

Name: Riaz Qureshi
Address: 1100 W. Blue Springs Ave.
Orange City, FL 32763

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

RQureshi

Required Signature of Registered Agent

5/15/19

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.

RQureshi

Required Signature of Incorporator

5/15/19

Date

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