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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE

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yes !

TRANSMITTAL LETTER

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

| SUBJECT: | Sahar Aboudan Pediatrics, Inc | | | | |
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| Filing Fo | | g Fee | | Filing Fee | Filing Fee, |
| | & C | ertificate of Stat | tus | & Certified Copy | Certified Copy |
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| | Jackson | įville, Fl | | 32257 | |
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NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Sahar Aboudan Pediatrics, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3636 University Blvd. S. Ste A-7 Jacksonville, Fl. 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Sahar Aboudan 9244 Jaybird Circle West Jacksonville, Fl. 32257 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sahar Aboudan 9244 Jaybird Circle West Jacksonville, Fl. 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sahar Aboudan 9244 Jaybird Circle West Jacksonville, Fl. 32257

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

Satian Aboudan
Signature/Registered Agent

Date

Signature/Incorporator

Date