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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CS 7-18

## COVER LETTER

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

**SUBJECT:** The Forrest Allan Group, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Ameet Punwani

Name (Printed or typed)

16528 N. Dale Mabry Hwy

Address

Tampa, FL 33618

City, State & Zip

(813) 961-0094

Daytime Telephone number

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

# 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:

The Forrest Allan Group, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6252 Commercial Way #222  
Weekee Wachee, FL 34613

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Consultation Services

## **ARTICLE IV SHARES**

The number of shares of stock is:

500

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Adrian Medina (President)  
6252 Commercial Way #222, Weekee Wachee, FL 34613

## **ARTICLE VI REGISTERED AGENT**

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

Ameet Punwani  
16528 N. Dale Mabry Hwy.  
Tampa, FL 33618

## **ARTICLE VII INCORPORATOR**

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

Ameet Punwani  
16528 N. Dale Mabry Hwy.  
Tampa, FL 33618

\*\*\*\*\*  
*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*

Signature/Registered Agent

Signature/Incorporator

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/13/06

Date

7/13/06

Date