

PO6000123289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

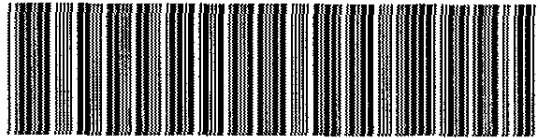
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/06--01036--002 **70.00

FILED

06-25-25 AM 12:49

STATE
CLERK

Do

COVER LETTER

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

SUBJECT: Karim Eye Associates, PA

(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: Fazeela Karim OD

Name (Printed or typed)

246 South Flamingo Road

Address

Pembroke Pines, FL 33027

City, State & Zip

954 443-1230

Daytime Telephone number

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

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

The name of the corporation shall be:

FILED
06 SEP 25 AM 12:50
SEALY AND ASSOCIATES
ATTORNEYS AT LAW
TALLAHASSEE, FLORIDA

The principal place of business/ mailing address is:

The purpose for which the corporation is organized is:

The number of shares of stock is:

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

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

The name and address of the Incorporator is:

 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

Date _____

Signature/Incorporator

Date _____