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2008 JAN 18 P 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-81-1

COVER LETTER

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

SUBJECT: SOHAIL DELFANI MD P.A.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Sohail Delfani M D
Name (Printed or typed)

3411 INDIAN CREEK DRIVE # 503
Address

MIAMI BEACH, FL 33140
City, State & Zip

(786) 423-5628
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:

SOHAIL DELFANI MD P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7400 NORTH KENDALL DRIVE

SUITE # 404

MIAMI, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE PRACTICE OF MEDICINE; ENGAGE IN ANY ACTIVITY
THAT WILL FACILITATE THE PRACTICE OF MEDICINE;

INVEST ITS FUNDS IN REAL ESTATE, MORTGAGES, STOCKS, BONDS,
OR ANY OTHER LAWFUL INVESTMENT.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: P

SOHAIL DELFANI M.D.

3411 INDIAN CREEK DRIVE # 503

MIAMI BEACH, FL 33140

Title: VP

SOHAIL DELFANI M.D.

3411 INDIAN CREEK DRIVE # 503

MIAMI BEACH, FL 33140

Title: S

SOHAIL DELFANI M.D.

3411 INDIAN CREEK DRIVE # 503

MIAMI BEACH, FL 33140

Title; D

SOHAIL DELFANI M.D.

3411 INDIAN CREEK DRIVE # 503

MIAMI BEACH, FL 33140

Title: T (Treasurer)

SOHAIL DELFANI M.D.

3411 INDIAN CREEK DRIVE # 503

MIAMI BEACH, FL 33140

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

SOHAIL DELFANI M.D.
3411 INDIAN CREEK DRIVE # 503
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MOHAMMAD Y. Suleman, CPA
3525 WEST PETERSON AVENUE # 609
CHICAGO, IL 60659

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

x SO Delfani MD

Signature/Registered Agent

1/14/08

Date

M Suleman

Signature/Incorporator

1-14-08

Date