

P09000101159

(Requestor's Name)

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(City/State/Zip/Phone #)

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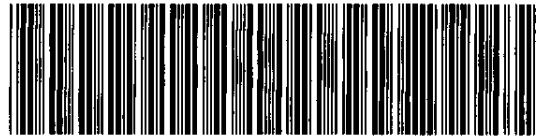
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12-18-09 *DOX*

## COVER LETTER

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

**SUBJECT:** GOLDEN PALM MEDICAL AND CHIRO REHAB SPECIALIST, 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:** ESMAEEL SAMALIAZAD, DC

Name (Printed or typed)

1953 COLONIAL BLVD

Address

FORT MYERS, FL 33907

City, State & Zip

239-277-9552

Daytime Telephone number

quesamaliazad@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Golden Palm Medical and Chiro Rehab Specialist, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1953 Colonial Blvd. Fort Myers, FL 33907

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare / Chiropractic

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ESmaeel Samaliazad President/Director 1953 Colonial Blvd. Fort Myers, FL 33907  
Williamson DOSSOUS, Vice President 1953 Colonial Blvd. Fort Myers, FL 33907  
Wilson Louis, Secretary 1953 Colonial Blvd. Fort Myers, FL 33907

## ARTICLE VI REGISTERED AGENT

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


ESmaeel Samaliazad, DC  
1953 Colonial Blvd.  
Fort Myers, FL 33907

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ESmaeel Samaliazad, DC  
1953 Colonial Blvd.  
Fort Myers, FL 33907

\*\*\*\*\*  
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

12/9/09  
Date

12/9/09  
Date

FILED  
09 DEC 17 AM 10:50