

P10000064706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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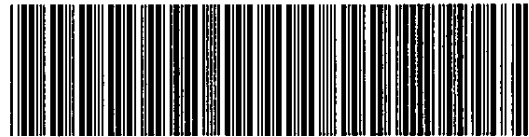
(Business Entity Name)

(Document Number)

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10 AUG -5 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRB  
8/9

100-35163

## COVER LETTER

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

**SUBJECT:** Dina Iskander O.D. 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:** Dina Iskander

Name (Printed or typed)

7899 NE Bayshore Ct, Apt 4A

Address

Miami, FL 33138

City, State & Zip

954-895-9748

Daytime Telephone number

dinaiskanderod@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 AUG -5 AM 10:42  
DIVISION OF CORPORATIONS

July 27, 2010

DINA ISKANDER  
7899 NE BAYSHORE CT  
APT 4A  
MIAMI, FL 33138

SUBJECT: DINA ISKANDER O.D. P.A.  
Ref. Number: W10000035163

We have received your document for DINA ISKANDER O.D. P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

☒ The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

☒ The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 610A00018169

**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:

Dina Iskander O.D. P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

7899 NE Bayshore Ct. 4A  
Miami, FL 33138

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

Optometry

**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):

President  
Dina Iskander  
7899 NE Bayshore Ct apt 4A  
Miami, FL 33138

**ARTICLE VI REGISTERED AGENT**

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

Dina Iskander  
7899 NE Bayshore Ct apt 4A  
Miami, FL 33138

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dina Iskander  
7899 NE Bayshore Ct apt 4A  
Miami, FL 33138

\*\*\*\*\*

*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

10 AUG -5 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

07/16/2010

Date

07/16/2010

Date