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| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (3.5 | , | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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ONVISION OF CORPORATIONS

COVER LETTER

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

| SUBJECT: | | 5 Lall MD | |
|----------------------|--|--|-------------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| | | | |
| FROM: | Ayesha S Name | (Printed or typed) | |
| | 2180 Park Av | enue North | Ste 324 |
| _ | Winter Park City, | FL 3278 State & Zip | 9 |
| | <u></u> | 17-8825 elephone number | |
| | E-mail address: (to be used | eaol. Com | notification) |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|---|---|
| ARTICLE I NAME The name of the corporation shall be: | |
| Ayesha S Lall MD PA | <u> </u> |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2180 Park Avenue North Ste 3 Winter Park FL 32789 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Private medical office | SECRETARY OF STATENS VISION OF CORPORATIONS 10 AUG 24 AM 9: 42 |
| ARTICLE IV SHARES The number of shares of stock is: 1 (one) | |
| AVESNA S LAIT MD 2180 Park Avenue North Ste 3 Winter Park FL 32789 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered Ayesha S Lall MD 2180 Park Avenue North Winter Park FL 32789 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ayesha S Lall MD 2180 Park Avenue North Winter Park FL 32789 | ed agent is: Stc 324 Stc 324 |
| Having been named as registered agent to accept service of process for the alphace designated in this certificate, I am familiar with and accept the appoint agree to act in this capacity | bove stated corporation at the tment as registered agent and |
| Signature/Registered Agent | 8-16-10 Date 8-16-10 |
| Signature/Incorporator | Date |