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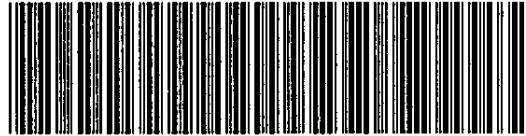
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -1 AM 11:29

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J. Shivers DEC 02 2010

COVER LETTER

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

SUBJECT: MANDEEP SINGH DHALLA, M.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
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: ALYSON R. DACHELET, ESQ.

Name (Printed or typed)

888 SE THIRD AVENUE, SUITE 400

Address

FORT LAUDERDALE, FL 33316

City, State & Zip

954-764-2700

Daytime Telephone number

mandeep.s.dhalla@gmail.com

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

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

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2019 DEC - 1 AM 11:23
TALLAHASSEE, FL 32314

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: Mandeep Singh Dhalla, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5601 North Dixie Highway
Suite 307
Fort Lauderdale, FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The rendering of medical services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Mandeep S. Dhalla, M.D. (P,VP,S,T, Dir)</u>	Name and Title: _____
Address: <u>5601 North Dixie Highway</u>	Address: _____
<u>Suite 307</u>	_____
<u>Fort Lauderdale, FL 33334</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Alyson R. Dachelet, Esq.
Address: 888 SE Third Avenue, Suite 400
Fort Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alyson R. Dachelet, Esq.
Address: 888 SE Third Avenue, Suite 400
Fort Lauderdale, FL 33316

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

Alyson R. Dachelet, Esq.
Required Signature/Registered Agent

Nov 29 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alyson R. Dachelet, Esq.
Required Signature/Incorporator

Nov 29, 2010
Date

→ **ARTICLE VIII EFFECTIVE DATE OF INCORPORATION**
JANUARY 1, 2011

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