

P11000055509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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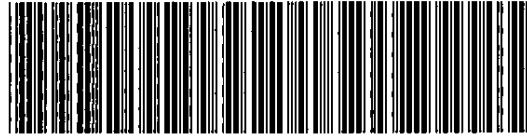
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUN 13 PM 4:11
OFFICE OF STATE
FALLA HASSER, FLORIDA

K 06/14/11

COVER LETTER

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

SUBJECT: Marsad Quraishi, 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,
& Certificate of Status~~
ADDITIONAL COPY REQUIRED

FROM: Marsad Quraishi, P.A.

Name (Printed or typed)

1688 SW 19th Ave.

Address

Boca Raton, FL 33486

City, State & Zip

(954)261-7968

Daytime Telephone number

marsad@gmail.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 Marsad Quraishi, P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1336 NW 4th Street
Boca Raton, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in the practice of law.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marsad Quraishi
Address: 1688 SW 19th Ave
Boca Raton, FL 33486

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jonathan Birkman
Address: 1336 NW 4th Street
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marsad Quraishi
Address: 1688 SW 19th Ave
Boca Raton, FL 33486

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Jonathan Birkman

Required Signature/Registered Agent

6/8/2011
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.

Marsad Quraishi

Required Signature/Incorporator

Date