

P11000101518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

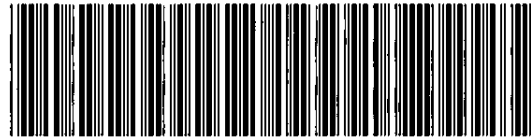
(Business Entity Name)

(Document Number)

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

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W11-57097

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I. Burch NOV 29 2011

## COVER LETTER

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

SUBJECT: ALI FARROKHI, DMD PA  
(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: ALI FARROKHI, DMD  
Name (Printed or typed)

3000 South Ocean Drive #1204  
Address

Hollywood, FL 33019  
City, State & Zip

305 609 5350  
Daytime Telephone number

dratifarrokhi@yahoo.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  
11 NOV 23 AM 11:37  
DIVISION OF CORPORATIONS

November 9, 2011

ALI FARROKHI, DMD  
3000 SOUTH OCEAN DRIVE#1204  
HOLLYWOOD, FL 33019

SUBJECT: ALI FARROKHI, DMD PA  
Ref. Number: W11000057097

We have received your document for ALI FARROKHI, DMD PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) VI.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00025486

# 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: ALI FARROKHI, DMD PA

## ARTICLE II PRINCIPAL OFFICE

Principal street address

3000 S. Ocean Dr. #1204  
Hollywood, FL 33019

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I am a dentist with <sup>Florida</sup> License # DN19555, I want to open a corporation.

## ARTICLE IV SHARES

The number of shares of stock is: 100 (hundred)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALI FARROKHI, DMD / President

Address: (President)

3000 S. Ocean Dr. #1204  
Hollywood, FL 33019

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: ALI FARROKHI, DMD, PA

Address: 3000 S. Ocean Dr. #1204  
Hollywood FL 33019

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALI FARROKHI, DMD

Address: 3000 S. Ocean Dr. #1204  
Hollywood, FL 33019

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

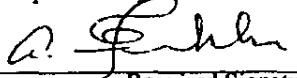


Required Signature/Registered Agent

9-21-2011

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.



Required Signature/Incorporator

9-21-2011

Date