

P12000022665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

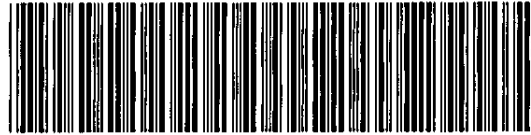
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800223338038

03/07/12--01002--023 **78.75

RECEIVED
12 MAR -7 AM 11:22
TALLAHASSEE, FLORIDA

J. Shivers MAR 08 2012

FILED
2012 MAR -7 AM 7:58
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

2012 MAR -7 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Empire Toll Free: 1-800-432-3028

Press & Wesackes, LLP

Requestor's Name

4801 S. UNIVERSITY DR #3030

Address

Ft Lauderdale, FL 33328

City

State

ZIP

Phone

CORPORATION(S) NAME

Apornig ole MOD. P.A.

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

ARTICLES OF INCORPORATION

OF

APARNA DOLE M.D. P.A.

The undersigned subscriber (s) the these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I – CORPORATE NAME

The name of the corporation is:

APARNA DOLE M.D. P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business under the laws of the United States and the State of Florida in THE FIELD OF MEDICINE.

ARTICLE IV – CAPITAL STOCK

The corporation is authorized to issue SEVENTY FIVE HUNDRED shares (1) of ONE DOLLAR (s) (\$1) par value Common Stock, which shall be designated "Common Shares".

**ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT AND PRINCIPLE
OFFICE**

The name and street address of the Initial Registered Agent of this Corporation is:

APARNA DOLE
411 N RIVER DRIVE EAST
#1602
FT. LAUDERDALE, FL 33301

FILED
2012 MAR -7 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI – INITIAL
BOARD OF DIRECTORS

This corporation shall have ONE (1) director (s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director (s) of the corporation are as follows:


APARNA DOLE
411 N RIVER DRIVE EAST
#1602
FT. LAUDERDALE, FL 33301

ARTICLE VII - INCORPORATORS

The name and addresses of the person (s) signing these Articles of Incorporations are as follows:

APARNA DOLE
411 N RIVER DRIVE EAST
#1602
FT. LAUDERDALE, FL 33301

IN WITNESS WHEREOF, the undersigned director (s) have executed these Articles of incorporation this 16th day of February 2012.

✓ 

STATE OF FLORIDA

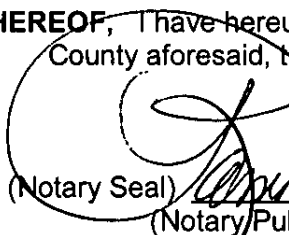
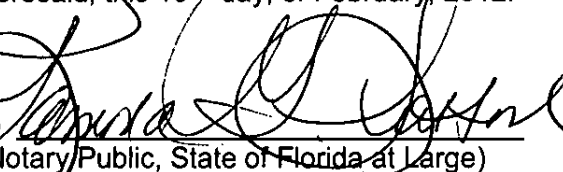
COUNTY OF Broward

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

APARNA DOLE

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that. She executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 16TH day, of February, 2012.

 
(Notary Seal) _____
(Notary Public, State of Florida at Large)

My Commission expires:



Ramona G. Sutton
COMMISSION #EE113873
EXPIRES: JULY 18, 2015
WWW.AARONNOTARY.com

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

OF

APARNA DOLE M.D.P.A.

Pursuant to Florida Statutes Sections 48.091 and 607.034, the
Following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida
with its registered office as indicated in the Articles of Incorporation at
411 N New River Drive East, #1602 has named Aparna Dole located
at the aforesaid address, as its Registered Agent to accept service of process
within this state.

The principal and mailing address of the corporation is the
same as the registered agent.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept to act in
this capacity, and agree to comply with the provisions of Florida Law in keeping
open said office.

✓ 

(registered agent)

2012 MAR - 7 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED