

P120000034240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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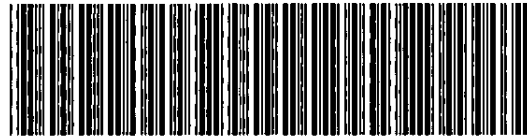
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE

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COVER LETTER

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

SUBJECT: Shalini Katyal 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: Shalini Katyal M.D

Name (Printed or typed)

19486 N Coquina Way

Address

weston Fl 33332

City, State & Zip

954-384-2673

Daytime Telephone number

shalinikatyal@yahoo.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

The name of the corporation shall be: Shalini Katyal M.D P.A

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ARTICLE II PRINCIPAL OFFICE

Principal street address
4801 S University Dr #3204
Davie, Florida 33328

Mailing address, if different is:
19486 N coquina way
Weston Fl 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Physician services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shalini Katyal M.D	Name and Title: _____
Address: 19486 N coquina way	Address: _____
weston Fl 33332	_____

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: Shalini Katyal M.D
Address: 19486 N Coquina way
Weston Fl 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shalini Katyal M.D
Address: 19486 N Coquina Way
Weston Fl 33332

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

S Katyal

Required Signature/Registered Agent

04.09.12

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.

S Katyal

Required Signature/Incorporator

04.09.12

Date