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(Business Entity Name)

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## COVER LETTER

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

**SUBJECT: Laser Therapy Clinic Corporation**

**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: samer el-bandakji

Name (Printed or typed)

141 sw 96 terrace #105

Address

plantation , florida, 33324

City, State & Zip

305-401-6066

Daytime Telephone number

alvert24@aol.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:

laser therapy clinic corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9296 sw grand canal dr.  
miami fl, 33174

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

laser therapy treatments for nicotine addiction, smoking cessation, weight management, stress and other addictions control.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Adalberto Rodriguez, Director  
Address: 9296 S.W. Grand Canal Drive  
Miami, FL 33174

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Samer El-Bandakji, Secretary  
Address: 141 S. W. 96 Terrace #105  
Plantation, FL 33324

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: Adalberto Rodriguez  
Address: 9296 S.W. Gran Canal Drive  
Miami, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Samer El-bandakji  
Address: 141 S.W. 96 Terrace #105  
Plantation, FL 33324

*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

05/29/2012

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

05/29/2012

Date