

COVER LETTER

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

SUBJECT: DR. Q ALANI ENTERPRISES, INC.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DR. QUSSAY ALANI

Name (Printed or typed)

19405 VIA DEL MAR # 307

Address

TAMPA, FL 33647

City, State & Zip

(813) 500-8721

Daytime Telephone number

drq_alani@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)

FILED
CLERK OF STATE
13 OCT -9 AM 11:00
HIS OFFICE OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: DR. Q ALANI ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19405 VIA DEL MAR

307

TAMPA, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. QUSSAY ALANI, PRESIDENT

Name and Title: _____

Address 19405 VIA DEL MAR

Address: _____

307

TAMPA, FL 33647

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: MUNAF ABDULATEEF
Address: 19405 VIA DEL MAR # 307
TAMPA, FL 33647

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MOEIN MARASHI, ESQUIRE
Address: 400 N. ASHLEY DR., STE 1100
TAMPA, FL 33647

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

MUNAF ABDULATEEF 10/4/2013
Required Signature/Registered Agent 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.

[Signature] 10/4/2013
Required Signature/Incorporator Date