

P1300009/868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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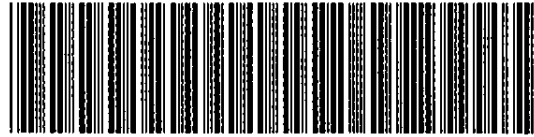
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV -8 PM 1:47

Ps 11/12/13

## COVER LETTER

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

**SUBJECT: SHAFI G. MOHAMED, 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      ☐ \$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: SHAFI G. MOHAMED, M.D.**

Name (Printed or typed)

**1405 CENTERVILLE RD ST 5000**

Address

**TALLAHASSEE, FL 32308**

City, State & Zip

**8508777886**

Daytime Telephone number

**nishafi@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)

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**ARTICLE I NAME**

The name of the corporation shall be:

SHAFI G MOHAMED, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1405 CENTERVILLE RD ST 5000

TALLAHASSEE, FL 32308

**ARTICLE III PURPOSE**

1) To engage in every aspect and phase of the practice of medicine and related activities within the State of Florida

The purpose for which the corporation is organized is:

and to engage in activities necessary and proper to facilitate and promote the practice of medicine through its officers and employees.

2) To the extent not prohibited by the Professional Service Corporation Act, to invest its funds in real estate, mortgages, stocks, bonds and other type of investments and

3) To own or lease real or personal property necessary for the rendering of professional services.

This Corporation shall not be authorized to engage in any business other than the practice of medicine.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: SHAFI G MOHAMED, M.D.

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

Address 1405 CENTERVILLE RD ST 5000

Address: \_\_\_\_\_

TALLAHASSEE, FL 32308

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

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DIVISION OF CORPORATIONS

13 NOV -8 PM 1:47

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: SHAFI G MOHAMED, M.D.

Address: 1405 CENTERVILLE RD ST 5000

TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

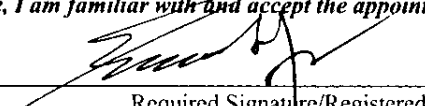
The name and address of the Incorporator is:

Name: SHAFI G MOHAMED, M.D.

Address: 1405 CENTERVILLE RD ST 5000

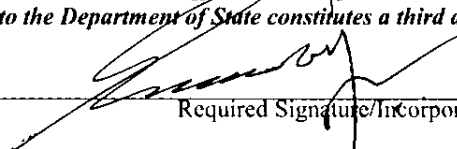
TALLAHASSEE, FL 32308

*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

11 / 6 / 2013  
\_\_\_\_\_  
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

11 / 6 / 2013  
\_\_\_\_\_  
Date