

PA000024259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

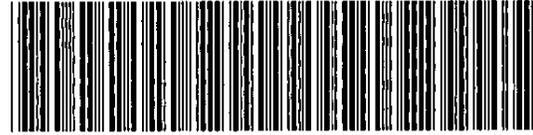
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 MAR 17 PM 2:51
TO: CLERK OF COURT
SUFFICIENCY OF FILING

FILED
14 MAR 18 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-7095

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 3-17-14

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING P.A. _____

1. M. Ragib Raja, P.A.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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14 MAR 18 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2014

CORPORATE ACCESS, INC.

Corrected

SUBJECT: M. RAQIB RAJA, P.A.
Ref. Number: W14000017095

We have received your document for M. RAQIB RAJA, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Corporation cannot serve as its own officer. Please list an individual or other business entity as officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 014A00005757

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 MAR 18 PM 2:31
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

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

SUBJECT: M. Raqib Raja, 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: M. Raqib Raja, P.A.
Name (Printed or typed)
221 Bobolink Way, Unit B
Address
Naples, Florida 34105
City, State & Zip
(239) 263-6918
Daytime Telephone number
raqibraja@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: M. Raqib Raja, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

221 Bobolink Way
Unit B
Naples, Florida 34105

Mailing address, if different is:

221 Bobolink Way
Unit B
Naples, Florida 34105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical practice of psychiatry

State of Florida Department of Health Division of Medical Quality Assurance
License No. ME 118482

ARTICLE IV SHARES 200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: M. Raqib Raja
Address: 221 Bobolink Way
Unit B
Naples, Florida 34105

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(cont.)

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:

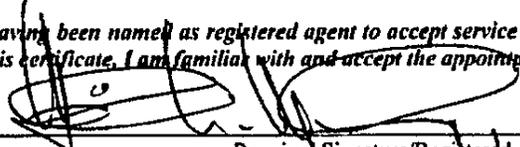
Name: The Pearl Law Firm, P.A.
 Address: 7400 Tamiami Trail N., Suite 101
Naples, Florida 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

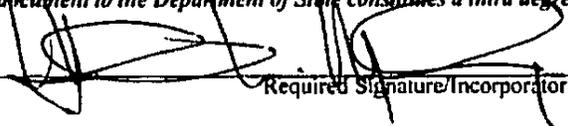
Name: The Pearl Law Firm, P.A.
 Address: 7400 Tamiami Trail N., Suite 101
Naples, Florida 34108

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

 PLF, P.A.
 Required Signature/Registered Agent

3/17/2014
 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.

 PLF, P.A.
 Required Signature/Incorporator

3/17/2014
 Date

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 TALLAHASSEE FLORIDA