

P140000062856

(Requestor's Name)

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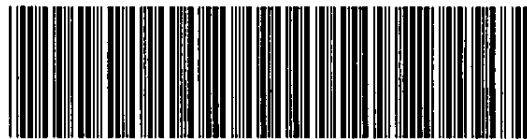
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

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

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TALLAHASSEE, FLORIDA

SUBJECT: Dr. Kenawy Nutrition Center, 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
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: Dr. Ahmed Kenawy
Name (Printed or typed)

505 Parkwood Dr.
Address

Panama City, FL 32405
City, State & Zip

(850) 319-6715
Daytime Telephone number

drakenawy@gmail.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: Dr. Kenawy Nutrition Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

505 Parkwood Dr.
Panama City, Florida 32405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell dietary / Nutritional
Supplements and any other lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Ahmed Kenawy Name and Title:

Address: President Address:

505 parkwood Dr.
Panama City, FL 32405

Name and Title: Ms. Amany Kenawy Name and Title:

Address: Secretary / Treasurer Address:

505 Parkwood Dr.
Panama City, FL 32405

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Dr. Ahmed Kenawy

Address: 505 Parkwood Dr.
Panama City, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ms. Amany Kenawy

Address: 505 Parkwood Dr.
Panama City, FL 32405

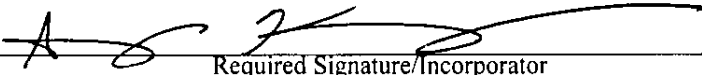
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

07/21/14
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

07/21/14
Date

(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: JANINA MAY
Address: 1079 TAMIAMI TRL N STE 220
NOKOMIS, FL 34275


ARTICLE VII INCORPORATOR

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

Name: JANINA MAY
Address: 1079 TAMIAMI TRL N STE 220
NOKOMIS, FL 34275

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TALLAHASSEE, FLORIDA

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

06/10/2014

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.


Required Signature/Incorporator

06/10/2014

Date