

9/16/2014

Division of Corporations

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Email Address: masontaxsvc@att.net**FLORIDA PROFIT/NON PROFIT CORPORATION****Alicia Huda P.A.**

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Alicia Huda P.A.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2865 SW Lakemont Place  
Palm City, FL 34990

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Par Value

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: **Physical Therapy**

***Prepared By:***

Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alicia Huda  
2865 SW Lakemont Place  
Palm City, FL 34990

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Alicia Huda - President/Director  
2865 SW Lakemont Place, Palm City, FL 34990

ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alicia Huda  
2865 SW Lakemont Place, Palm City, FL 34990

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of September 20 14



Alicia Huda  
SIGNATURE

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PAGE 4 OF 4  
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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Alicia Huda P.A.


2. The name and address of the registered agent and office is:

Alicia Huda  
Name

2865 SW Lakemont Place  
(P.O. Box or Mail Drop Box NOT Acceptable)

Palm City, FL 34990  
(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Alicia Huda  
SIGNATURE

09/16/2014  
(Date)