

P/50000696/4

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 AUG 17 AM 10:19

EFFECTIVE DATE 08/10/15

## COVER LETTER

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

**SUBJECT:** AKBAR NIKFARJAM MD PA

**(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:** AKBAR NIKFARJAM

\_\_\_\_\_  
Name (Printed or typed)

8020 SW. 13TERR.

\_\_\_\_\_  
Address

MIAMI, FL. 33144

\_\_\_\_\_  
City, State & Zip

786-837-4906

\_\_\_\_\_  
Daytime Telephone number

NIKFARJAMAKBAR@HOTMAIL.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: AKBAR NIKFARJAM MD PA

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8020 SW 13 TERR. MIAMI FL. 33144

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL SERVICES

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AKBAR NIKFARJAM PD.

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

Address 8020 SW 13 TERR. MIAMI FL. 33144

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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DIVISION OF CORPORATION  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: AKBAR NIKFARJAM

Address: 8020 SW 13 TERR. MIAMI, FL. 33144

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AKBAR NIKFARJAM

Address: 8020 SW 13 TERR., MIAMI FL. 33144

\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: AUGUST 10 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

AKBAR NIKFARJAM

Required Signature/Registered Agent

08/10/2015

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.*

AKBAR NIKFARJAM

Required Signature/Incorporator

08/10/2015  
Date

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