

P 160000412439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

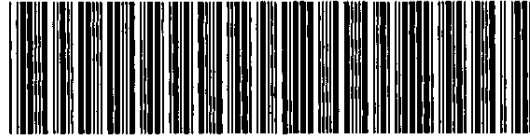
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/16--01040--021 **128.75

FILED

16 MAY -9 AM 10:31

SECRETARY OF STATE
RECEIVED

5/17/16

COVER LETTER

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

SUBJECT: INCORPORATE IN FLORIDA

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|-----------------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ <u>78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

Certificate of Status \$ 8.75

MUDDASSIR MEDICAL ASSOCIATES MD PA

Name (printed or typed)

5485 FIRETHORN POINT

Address

SPRING HILL, FL 34609

City, State & Zip

267-393-5265

Daytime Telephone Number

salmanmuddassir@yahoo.com

E-mail address: (to be used for future annual report notification)

FILED
16 MAY -9 AM 10:31
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

CERTIFICATE OF DOMESTICATION

FILED

The undersigned, SALMAN M. MUDDASSIR, PRESIDENT
(Name) (Title)

16 MAY 9 AM 10:31

of MUDDASSIR MEDICAL ASSOCIATES MD PA
(Corporation Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
a foreign corporation, OR DA

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was OCTOBER 27th, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW JERSEY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MUDDASSIR MEDICAL ASSOCIATES MD PA.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is MUDDASSIR MEDICAL ASSOCIATES MD PA.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW JERSEY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of MUDDASSIR MEDICAL ASSOCIATES MD PA

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 29TH day of APRIL, 2016.


(Authorized Signature)

Filing Fee:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

16 MAY -9 AM 10:31

MUDDASSIR MEDICAL ASSOCIATES MD PA

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

5485 FIRETHORN POINT
SPRING HILL, FL 34609

5485 FIRETHORN POINT
SPRING HILL, FL 34609

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

MEDICAL PRACTICE

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

PRESIDENT

SALMAN M. MUDDASSIR

5485 FIRETHORN POINT, SPRINGHILL, FL 34609

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

SALMAN M. MUDDASSIR

5485 FIRETHORN POINT

SPRING HILL, FL 34609

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

SALMAN M. MUDDASSIR

5485 FIRETHORN POINT

SPRING HILL, FL 34609

.....
**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 AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**


Signature/Registered Agent

04/29/2016

Date


Signature/Incorporator

04/29/2016

Date

FILED

16 MAY -9 AM 10:31

2016 MAY 9 AM 10:31
STATE OF FLORIDA
COUNTY OF HILLSBORO