

P16000055336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

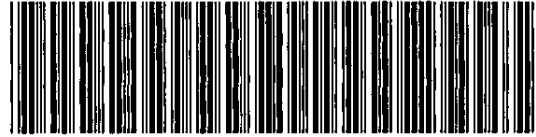
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ami Bhatt MD 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: Ami Bhatt
Name (Printed or typed)

1619 via Pilar
Address

Orlando, FL 32825
City, State & Zip

5628573535
Daytime Telephone number

amibhattmd@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Ami Bhatt MD Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6619 N. Wickham Rd.
Melbourne, FL 32940

1619 via Pilar
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide medical services
to various approved entities i.e hospitals, medical
centers

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ami Bhatt President Name and Title: Ami Bhatt Vice President

Address: 1619 via Pilar Address: 1619 via Pilar
Orlando, FL 32825 Orlando, FL 32825

Name and Title: Ami Bhatt Treasurer Name and Title: Ami Bhatt Secretary

Address: 1619 via Pilar Address: 1619 via Pilar
Orlando, FL 32825 Orlando, FL 32825

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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FLORIDA
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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: Ami Bhatt
Address: 1619 via Pilar
Orlando, FL 32825

ARTICLE VII INCORPORATOR

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

Name: Ami Bhatt
Address: 1619 via Pilar
Orlando, FL 32825

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Required Signature/Registered Agent
Date 6/20/16

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
Date 6/20/16