

P16000100342

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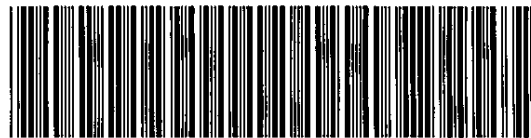
(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
5015 DEC 22 PM 2:15

W16-064530

12/23/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 DEC 22 PM 12:55

RECEIVED
DIVISION OF CORPORATIONS

September 19, 2016

JOSETTE LAKLAK
11100 S.W. 72 AVE.
MIAMI, FL 33156

SUBJECT: JOSETTE BOUKHALIL LAKLAK M.D., P.A.
Ref. Number: W16000064530

We have received your document for JOSETTE BOUKHALIL LAKLAK M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00020007

Original

COVER LETTER

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

SUBJECT: JOSETTE BOUKHALIL LAKLAK M.D.P.A
(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: JOSETTE BOUKHALIL LAKLAK
Name (Printed or typed)

11100 SW 72 Avenue
Address

Miami, FL 33156
City, State & Zip

305-951-6265
Daytime Telephone number

joseettelaklak@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: JOSETTE BOUKHALIL LAKLAK M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

18430 S. DIXIE HWY
MIAMI, FLORIDA 33157

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JOSETTE BOUKHALIL LAKLAK</u>	Name and Title:	<u>JOSETTE BOUKHALIL LAKLAK</u>
Address	<u>11100 SW 72 Ave</u> <u>Miami, FL 33156</u>	Address:	

Name and Title:	<u>SAME AS ABOVE</u>	Name and Title:	<u>SAME AS ABOVE</u>
Address		Address:	

Name and Title:	<u>SAME AS ABOVE</u>	Name and Title:	<u>SAME AS ABOVE</u>
Address		Address:	

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