

# P17000074185

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ENDOPAK INC**

Certificate of Status	1
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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:

**ENDOPAK INC**

**ARTICLE II PRINCIPAL OFFICE**

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

**6652 E. CALUMET COURT  
LAKE WORTH, FLORIDA 33467**

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**ARTICLE III SHARES**

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

**200 AT NO PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**DR. ALI SEDAGHEH PAKRAVAN  
6652 CALUMET COURT  
LAKE WORTH, FLORIDA 33467**

Prepared By:

**Bruce B. Hubbard**  
238 W. Jericho Turnpike  
Huntington Sta., NY 11746  
1-516-935-3940

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**ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)**

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

**DR. ALI SEDAGHEH PAKRAVAN- PRESIDENT/DIRECTOR  
6652 CALUMET COURT  
LAKE WORTH, FLORIDA 33467**

**ARTICLE VI INCORPORATOR(S)**

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

**DR. ALI SEDAGHEH PAKRAVAN  
6652 CALUMET COURT, LAKE WORTH, FLORIDA 33467**

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

31 ST day of AUGUST 20 17



\_\_\_\_\_  
**DR. ALI SEDAGHEH PAKRAVAN**  
**Signature**

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE 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: ENDOPAK INC

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

DR. ALI SEDAGHEH PAKRAVAN  
Name

6652 CALUMET COURT  
(P.O. Box or Mail Drop Box NOT Acceptable)

LAKE WORTH, FLORIDA 33467  
(City / State / Zip)

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*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.*

  
DR. ALI SEDAGHEH PAKRAVAN  
SIGNATURE

8/31/2017  
(Date)

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