

P1700009915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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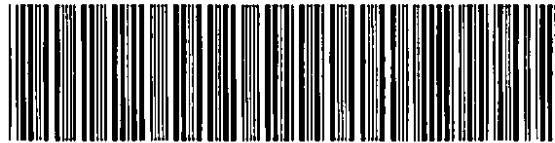
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



M. Page
12/15/2017

COVER LETTER


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

SUBJECT: Abdullah Plastic Surgery, 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: Ahmed Abdullah

Name (Printed or typed)

3280 20th Street South

Address

Fargo, ND 58104

City, State & Zip

701-499-4807

Daytime Telephone number

ahmed33@aol.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: Abdullah Plastic Surgery, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15857 Redington Drive

Redington Beach, FL 33708

Mailing address, if different is:

3280 20 th Street South

Fargo, ND 58104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Professional Services: Cosmetic and Reconstructive Plastic Surgery

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ahmed Abdullah, MD President

Address 3280 20th Street South

Fargo, ND 58104

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Ahmed Abdullah _____

Address: 15857 Redington Drive _____

Redington Beach, FL 33708 _____

ARTICLE VII INCORPORATOR

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

Name: Ahmed Abdullah _____

Address: 15857 Redington Drive _____

Redington Beach, FL 33708 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: December 11, 2017 (OPTIONAL)

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

12/11/17

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.



Required Signature/Incorporator

12/11/17

Date

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