

P18000024336

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

18 MAR 14 PM 1:18

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KAMILA MOHAMMED ALI, PSYD, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: KAMILA MOHAMMED ALI, PSTD, P.A.
REF: W18000023143

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

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

KYLE D BRUMBLEY
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FAX Aud. #: H18000076404
Letter Number: 718A00004808

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Florida Statutes)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be KAMILA MOHAMMED ALI, PsyD, P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address
7600 RED ROAD #127

Mailing address, if different is:
SAME

SOUTH MIAMI, FL 33143

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAMILA MOHAMMED ALI, PRES

Address: 15050 SW 132 AVE
MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: KAMILA MOHAMMED ALI
Address: 15050 SW 132 AVE
MIAMI, FL 33186

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAMILA MOHAMMED ALI
Address: 15050 SW 132 AVE
MIAMI, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specified 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.

Kamila Mohammed - Ali
Required Signature Registered Agent

March 6, 2018
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.

Kamila Mohammed - Ali
Required Signature Incorporator

March 6, 2018
Date