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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ARTHRITIS SOLUTIONS, P.A.

Certificate of Status	1
Certified Copy	1
Page Count	04
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COVER LETTER

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

SUBJECT: ARTHRITIS SOLUTIONS, 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: WILLIAM T. COLEMAN, ESQ.
Name (Printed or typed)

ONE FINANCIAL PLAZA, 100 SE 3RD AVE., 23RD FLOOR
Address

PORT LAUDERDALE, FL 33394
City, State & Zip

954-522-2200
Daytime Telephone number

william.coleman@brinkleymorgan.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: ARTHRITIS SOLUTIONS, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
9791 BLUE ISLE BAY	
PARKLAND, FL 33076	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROFESSIONAL SERVICE CORPORATION

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRFAN RAHEEM, M.D., PRES.,TR.,SEC.
Address: 9791 BLUE ISLE BAY
PARKLAND, FL 33076

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: WILLIAM T. COLEMAN, ESQ.

Address: 100 SE 3RD AVE., 23RD FLOOR

FORT LAUDERDALE, FL 33394

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: IRFAN RAHEEM, M.D.

Address: 9791 BLUE ISLE BAY

PARKLAND, FL 33076

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/10/2018. (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 — Date: 11/04/2018

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: 11/04/2018