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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ARTHRITIS SOLUTIONS, P.A.

Certificate of Status	1
Certified Copy	1
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Corporate Filing Menu

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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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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.

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ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 611, F.S. (Profit)

ARTICLE I. NAME ARTHRITIS SOLUTIONS, P.A.

The name of the corporation shall be: _____

ARTICLE II. PRINCIPAL OFFICE

Principal 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 500

The number of shares of stock is: _____

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRFAN RAHEEM, M.D., PRES., TR., SEC.

Name and Title: _____

Address 9791 BLUE ISLE BAY

Address: _____

PARKLAND, FL 33076 _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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

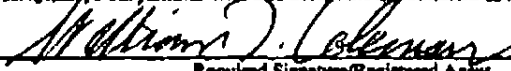
ARTICLE VIII EFFECTIVE DATE:

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.)

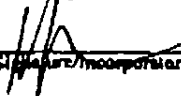
Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/04/2018
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.817.133, F.S.


Required Signature/Incorporator

11/04/2018
Date

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