

P19000006888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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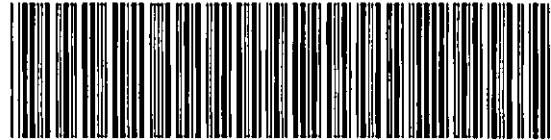
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

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

SUBJECT: Domestication of Corporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Kamran Azad MD
Name (printed or typed)

8202 Bellow Street
Address

Orlando, FL 32827
City, State & Zip

(914) 806-0653
Daytime Telephone Number

Sarahazad5@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

CERTIFICATE OF DOMESTICATION

The undersigned, Kamran Azad, Plastic Surgeon
(Name) (Title)

of Kamran Azad MD Inc. a foreign corporation,
(Corporation Name)

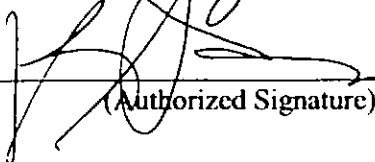
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 11, 2015.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was California.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Kamran Azad MD Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Kamran Azad MD Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was California.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Kamran Azad, of Kamran Azad MD Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 1 day of January, 2019.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Kamran Azad MD Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

422 S. Alafaya Trail #32
Orlando, FL 32828

8202 Bellow Street
Orlando, FL 32827

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

medicine
S-Corporation for doctor

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President, Kamran Azad

8202 Bellow St.

Orlando, FL 32827

Title/Name

Title/Name

Vice-President, Kamran Azad

8202 Bellow St.

Orlando, FL 32827

Title/Name

Title/Name

Secretary, Kamran Azad

8202 Bellow St.

Orlando, FL 32827

Title/Name

Title/Name

Treasurer, Kamran Azad

8202 Bellow St.

Orlando, FL 32827

Title/Name

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

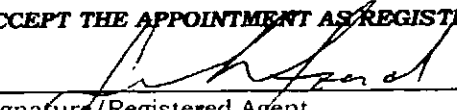
Sarah Azad
8202 Bellow Street
Orlando, FL 32827

ARTICLE VII INCORPORATOR

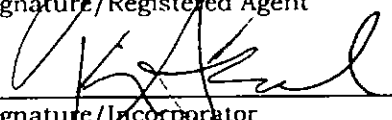
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Kamran Azad
8202 Bellow Street
Orlando, FL 32827

**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 AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**


Signature/Registered Agent

1/14/19
Date


Signature/Incorporator

1/14/19
Date

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TALLAHASSEE, FLORIDA