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P20000035928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

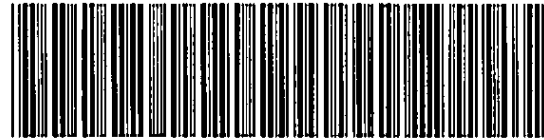
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 11 PM 7:41
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: HOSSAIN & ASSOCIATES 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: MOSTAFA HOSSAIN
Name (Printed or typed)

825 NE, 199TH STREET, APT 204
Address

MIAMI, FL 33179
City, State & Zip

302-761-0181
Daytime Telephone number

HASSOCIATESPA@GMAIL.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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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: HOSSAIN & ASSOCIATES P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

520 NW 165TH STREET ROAD
SUITE 212B

MIAMI, FL 33169

Mailing address, if different is:

825 NE 199TH STREET
APT 204

MIAMI, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ACCOUNTING AND TAX PREPARATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MUSTAFA HOSSAIN (P) Name and Title: _____

Address 825 NE 199TH STREET Address: _____

APT 204 _____

MIAMI, FL 33179 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: MOSTHAFA HUSSAIN

Address: 825 NE 199TH STREET APT 204

MIAMI, FL 33179

ARTICLE VII INCORPORATOR

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

Name: MOSTHAFA HUSSAIN

Address: 825 NE 199TH STREET APT 204

MIAMI, FL 33179

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TALLAHASSEE, FL

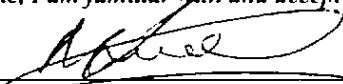
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2020. (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.

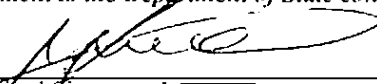
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

01/03/2020
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

Date 01/03/2020