

P200000062167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

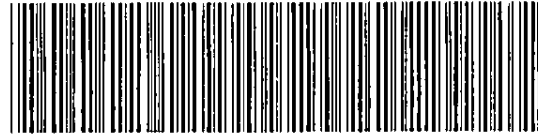
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 AUG 17 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FL

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AUG 18 2020



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: August 17, 2020

Account#: 120000000088

Name: KEN HOWELL

Reference #: 1254867

Entity Name: T.MD.ALPHA MEDICAL GROUP, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$70.00**

Signature: _____

2020 AUG 17 PM 12:23
COGENCYGLOBAL

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40th ST. 10th FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NO 0727
6 BEVIS MARKS, 11th FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12th FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

COVER LETTER

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

T.M.D.Alpha Medical Group, P.A.

SUBJECT: _____ (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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

_____ 13633 N. 51st Place _____
Address

_____ Scottsdale, AZ 85254 _____
City, State & Zip

_____ (203) 350-9306 _____
Daytime Telephone number

_____ divingdoc36@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: T.MD.Alpha Medical Group, P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

3109 Grand Avenue #215
Miami, Florida 33133

Mailing address, if different, is: **SECRETARY OF STATE
TALLAHASSEE, FL**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Purpose of the corporation is to engage in the profession of medicine and medical services and any
other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and
regulations

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zaid Fadul, President

Name and Title: _____

Address 3109 Grand Avenue #215
Miami, Florida 33133

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: COGENCY GLOBAL INC.

Address: 115 North Calhoun Street, Suite 4
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Zaid Fadul

Address: 3109 Grand Avenue #215

Miami, Florida 33133

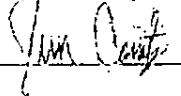
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

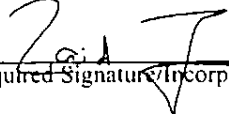
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Jennifer Countz, Assistant Secretary of
COGENCY GLOBAL INC.
Required Signature/Registered Agent

8/14/2020
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

08/13/2020
Date

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SECRETARY OF STATE
TALLAHASSEE, FL