

P21000094049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

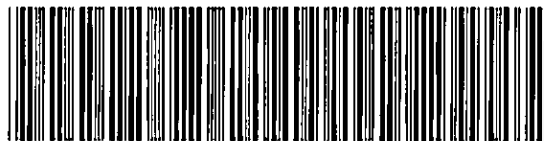
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/02/2021

Name: Marcel Ogbonna-Amu

Reference #: 1518345

Entity Name: SAGHIR MEDICAL SERVICES, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$70.00

Signature: Marcel Ogbonna-Amu

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: Saghir Medical Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4522 Saufley Field Road, Suite A
Pensacola, FL 32526

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of medicine via telehealth.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tareq M. Saghir, Director
Address: 896 Legacy Oaks Drive
Pensacola, FL 32514

Name and Title: Taher M. Saghir, Director
Address: 973 Legacy Oaks Drive
Pensacola, FL 32514

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: 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: Anjali B. Dooley
Address: 9909 Clayton Road, LL 11
Saint Louis, MO 63124

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

[Signature]
Required Signature/Registered Agent
11/2/2021
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.

Anjali B. Dooley
Required Signature/Incorporator
11/1/2021
Date

COVER LETTER

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

Saghir Medical Services, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
The Innovators Law Firm, LLC
Name (Printed or typed)
9909 Clayton Road, LL 11
Address
Saint Louis, MO 63124
City, State & Zip
636-293-7633
Daytime Telephone number
anjali@innovatorslaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.