

P220000003557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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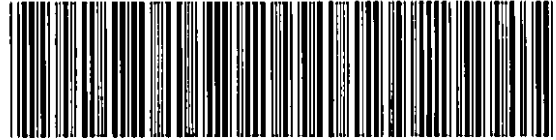
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JAN 18 PM 1:10  
TALLAHASSEE, FL

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2022 JAN 18 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: RAVINDER GANDHI MD PC INC  
(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

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

FROM: SHANNON DOROTHY GALLEN  
Name (Printed or typed)

2509 OLD BATHBRIDGE RD UNIT B  
Address

TALLAHASSEE FL 32303  
City, State & Zip

850 - 372 - 9249  
Daytime Telephone number

dh-ispinc@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: RAVINDER GANDHI MD INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2509 OLD BAINBRIDGE RD  
UNIT B

Mailing address, if different is:

TALLAHASSEE FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL ASSISTANT,

MEDICAL CODING AND BILLING

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHANNON DOROTHY GALEN Name and Title: DIRECTOR

Address 2509 OLD BAINBRIDGE  
RD UNIT B  
TALLAHASSEE FL 32303

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: SHANNON DOROTHY GALLEN  
Address: 2509 OLD BAINBRIDGE  
RD UNIT B TALLAHASSEE FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHANNON DOROTHY GALLEN  
Address: 2509 OLD BAINBRIDGE  
RD UNIT B TALLAHASSEE FL 32303

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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*

SGALLEN 01-18-2022  
Required Signature/Registered Agent 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.*

SGALLEN 01-18-2022  
Required Signature/Incorporator Date