

P22000021476 p.2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H2200010451334BCS

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.**

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
IMRAN HAKEEM P. A

HL

Certificate of Status	1
Certified Copy	1
Page Count	04
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March 22, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AJ ACCOUNTING SERVICES, INC.

SUBJECT: IMRAN HAKEEM P.A
REF: W22000037347

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Hyacinth LeBlanc
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000104513
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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

COVER LETTER

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

SUBJECT: IMRAM HAKEEM 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: IMRAN HAKEEM

Name (Printed or typed)

3110 N PINE ISLAND RD # 105

Address

SUNRISE, FL 33351

City, State & Zip

305-448-9584

Daytime Telephone number

JABBOURANDASSOCIATES@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)

ARTICLE I NAME

The name of the corporation shall be: IMRAN HAKEEM P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3110 N PINE ISLAND RD # 105

SUNRISE, FL 33351

Mailing address, if different is:

3110 N PINE ISLAND RD # 105

SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES, real estate

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IMRAN HAKEEM, PD

Address 3110 N PINE ISLAND RD # 105
SUNRISE, FL 33351

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: IMRAN HAKEEM
 Address: 3110 N. PINE ISLAND RD # 105
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IMRAN HAKEEM
 Address: 3110 N. PINE ISLAND RD # 105
SUNRISE, FL 33351

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 TALLAHASSEE, FLORIDA

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

Imran Hakeem 03/21/2022
 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.

Imran Hakeem 03/21/2022
 Required Signature/Incorporator Date