

3/2/23, 11:55 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
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# P230000016038

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ELIE FEGAHLI MD PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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 2023 MAR -2 AM 2:28  
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 2 PM 1:50



**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: Elie Fegahli MD PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13630 Newport Shores Drive  
Hudson, FL 34669

Mailing address, if different is:  
13630 Newport Shores Drive  
Hudson, FL 34669

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General Medical Practitioner

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Elie Fegahli, President  
Address: 13630 Newport Shores Drive  
Hudson, FL 34669

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Elie Fegahli  
 Address: 13630 Newport Shores Drive  
Hudson, FL 34669

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Elie Fegahli  
 Address: 13630 Newport Shores Drive  
Hudson, FL 34669

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 27, 2023 (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after 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 2/27/2023  
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 2/27/2023  
Date