

P24000006223

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

From: Account Name : RAS1  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
DR HAL INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2024 JAN 25 PM 1:37  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
2024 JAN 25 PM 4:14  
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**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: DR HAL INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1640 Cleveland Rd

1640 Cleveland Rd

Miami Beach FL 33141

Miami Beach FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Telemedicine Practice

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Haleem Mohammed, President Name and Title: \_\_\_\_\_

Address 1640 Cleveland Rd Address: \_\_\_\_\_  
Miami Beach FL 33141 \_\_\_\_\_

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: Haleem Mohammed  
 Address: 1640 Cleveland Rd  
Miami Beach FL 33141

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**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Haleem Mohammed  
 Address: 1640 Cleveland Rd  
Miami Beach FL 33141

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent 01/23/2024  
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 01/23/2024  
Date