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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
PMR DAVIE INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$87.50

RECEIVED 2024 JUN 20 PM 5:05 CORPORATIONS COMMERCIAL SERVICES

FILED 2024 JUN 20 PM 1:32

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COVER LETTER

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

SUBJECT: PMR DAVIE 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 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: MD AKTARUZZAMAN
Name (Printed or typed)

3944-49 DAVIE BLVD
Address

FT. LAUDERDALE, FL 33312
City, State & Zip

954-864-9340
Daytime Telephone number

AIMET@EXPRESSTAXSVCS.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: PMR DAVIE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3944 -49 DAVIE BLVD
FT. LAUDERDALE, FL 33312

Mailing address, if different is:

3944-49 DAVIE BLVD
FT. LAUDERDALE, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD AKTARUZZAMAN - PD
Address: 3944 - 49 DAVIE BLVD
FT. LAUDERDALE, FL 33312

Name and Title: MD M. ISLAM - VP
Address: 3944 - 49 DAVIE BLVD
FT. LAUDERDALE, FL 33312

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: MD AKTARUZZAMAN

Address: 3944 - 49 DAVIE BLVD

FT. LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD AKTARUZZAMAN

Address: 3944 - 49 DAVIE BLVD

FT. LAUDERDALE, FL 33312

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 I agree to act in this capacity

MD Aktaruzzaman 06/20/2024

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.

MD Aktaruzzaman 06/20/2024

Required Signature/Incorporator Date