

P95000063087

JULY 20, 1995

DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

FILED  
25 AUG 15 PM 4:08  
TALLAHASSEE, FL

DEAR SIR:

ENCLOSED ARE ARTICLES OF INCORPORATION OF:

J. KLINE AND ASSOCIATES, INC.

AND CHECK FOR \$122.50 TO COVER COSTS.

PLEASE MAIL BACK TO:

FRANK A GUTTA  
300 N.W. 82ND AVE # 506  
PLANTATION, FL 33324  
(305) 452-8813

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

W95-15610

000001550830  
-08/01/95--01081--002  
\*\*\*122.50 \*\*\*122.50

THANK YOU



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 3, 1995

FRANK A. GUTTA  
300 N.W. 82ND AVE.  
#506  
PLANTATION, FL 33324

SUBJECT: J. KLINE AND ASSOCIATES, INC.  
Ref. Number: W95000015610

We have received your document for J. KLINE AND ASSOCIATES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 895A00036507

ARTICLES OF INCORPORATION  
OF

GREEK COMBO, INC.

The undersigned subscriber to these articles of incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the state of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

GREEK COMBO, INC.

The principal place of business of this corporation shall be P.O. BOX 9111 CORAL SPRINGS, FL. 33075.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 300 N.W. 82ND AVE #506 PLANTATION FL 33324. The name of the initial registered agent of the corporation at that address is MAGDY M. HASSANEIN.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

## ARTICLE VIII. OFFICERS AND DIRECTORS

This corporation shall have one officer/director, initially. The name and street address of the initial officer/director who shall hold office for the first year of the corporation and every year thereafter until her successors are elected or appointed is:

MAGDY M. HASSANEIN - PRESIDENT/DIRECTOR  
P.O. Box 9111  
CORAL SPRINGS, FL 33075

### ARTICLE VIII. SUBSCRIBER

The name and street address of the subscriber to these articles of incorporation is:

MAGDY M. HASSANEIN  
P.O. BOX 9111  
CORAL SPRINGS, FL. 33075

IN WITNESS WHEREOF, the undersigned has hereunto  
set his hand and seal on this 10 day of *May* 1995.

MAGDY M. HASSANEIN - SUBSCRIBER (SEAL)

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

MAGDY M. HASSANEIN - REGISTERED AGENT

95 AUG 15 PM 4:09  
 200-450-0100

1. *Staphylococcus aureus* (10<sup>8</sup> CFU/ml)  
2. *Staphylococcus aureus* (10<sup>7</sup> CFU/ml)  
3. *Staphylococcus aureus* (10<sup>6</sup> CFU/ml)  
4. *Staphylococcus aureus* (10<sup>5</sup> CFU/ml)  
5. *Staphylococcus aureus* (10<sup>4</sup> CFU/ml)  
6. *Staphylococcus aureus* (10<sup>3</sup> CFU/ml)  
7. *Staphylococcus aureus* (10<sup>2</sup> CFU/ml)  
8. *Staphylococcus aureus* (10<sup>1</sup> CFU/ml)  
9. *Staphylococcus aureus* (10<sup>0</sup> CFU/ml)  
10. *Staphylococcus aureus* (10<sup>-1</sup> CFU/ml)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandia B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P95000063087

1. Corporation Name

GREEK COMBO, INC.

P.O. Box 9111

Coral Springs, FL 33075

Principal Place of Business

Mailing Address

APPROVED  
AND  
FILED  
96 NOV -4 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD0001995137--B  
-11/04/96--01098--016  
\*\*\*\*497.50 \*\*\*\*375.00

DO NOT WRITE IN THIS SPACE

4. Date incorporated or Qualified  
To Do Business in Florida

8-15-95

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

If above addresses are incorrect in any way, line through incorrect information and enter correction below  
7. New Principal Office Address, if Applicable

1. New Mailing Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles

2. Name of Officers  
and/or Directors

3. Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4. City / State / Zip

PD

Hassanein, Magdy M

P.O. Box 9111

Coral Springs, FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

Hassanein, Magdy M.  
300 NW 82 Ave.  
Suite 506  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is NOT Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Magdy Hassanein*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Magdy Hassanein*

MAGDY HASSANEIN

Pres.

10/30/96

(954) 424-0170