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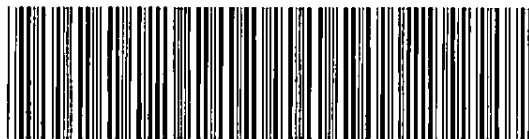
(Business Entity Name)

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DATE: 08/15/2024

NAME: SAMER KHALED MD INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

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CLERK OF DISTRICT COURT
11th JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Samer Khaled MD 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 ☐ \$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: Dean Alkalla CPA
Name (Printed or typed)

6857 Yolanda Ave
Address

Reseda CA 91335
City, State & Zip

(818) 708-8235
Daytime Telephone number

coco@alkallacpa.com
E-mail address: (to be used for future annual report notification)

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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: Samer Khaled MD Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2913 Zaharias Dr.
Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the profession
of Medicine.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samer Khaled, President

Name and Title: _____

Address 2913 Zaharias Dr.
Orlando, FL 32837

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Samer Khaled
Address: 2913 Zaharias Dr.
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean Alkalla CPA
Address: 6857 Yolanda Ave
Reseda CA 91335

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

X Khaled
Required Signature/Registered Agent

8/12/24
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.

halla
Required Signature/Incorporator

Date 8-12-2024

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