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T INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
Sar.50 Filing Fee, Copy Certified Copy & Certificate of Status FAL COPY REQUIRED			
FROM: BARDARA C. Moeller Printed or typed) 9812 Waters Meet Dr. Address TAllahassee Florida 32312 City, State & Zip Daytime Telephone number Zipper DD O MSN. COM E-mail address: (to be used for future annual report notification)			
] -			

NOTE: Please provide the original and one copy of the articles.

JARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Doctor, INC. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: WATERS MEET Dr. TALLAHUSSEC, FI. 32312 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Cleaning Service ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): C. Moeller BARDARA WATERS MEET DR. TAll. Fl. 32312 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BARDARA C. Moeller 9812 WATERS MEET DI. TAIL FL 32-312 ARTICLE VII INCORP INCORPORATOR The name and address of the Incorporator is: BARBARA C. Moeller 9812 WATERS Meet Dr. 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

Signature/Reg

Signature/Incorporate