N2000005507

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #	¥)		
PICK-UP		MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

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



SUBJECT: Doctors Direct Mobile Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

9980 Central Park Blvd N Ste 116 b

Dr Fernando Lopez-Ivern MD

Address

Boca Raton FL 33428

City, State & Zip

561-448-1880

Daytime Telephone number

katia@lopezivernmd.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

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In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: Doctors Direct Mot	pile Inc
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address: 9980 Central Park Blvd N Ste 116 b	Mailing address, if different is:
Boca Raton FL 33428	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ion is organized exclusively for charitable, medical purposes
within the meaning of the Internal Revenue Code, section 501(c)(3), патеłу: to provide mobile medical services and visitations
to needy or disadvantaged individuals, families or communities, to	cated in the area of South FL and elsewhere. It will especially
attend to the needs of those struggling with addictions and oth	ner mental health issues. It will provide or sponsor any kind
of treatment as well as counseling, training, employment referra	als, or material support whenever feasible. In the event of Its
dissolution the directors of this corporation will distribute any re-	emaining funds or assets to other corporations recognized
as charitable by the IRS under IRC sec 501(c)(3) that have sin	nilar goals.
ARTICLE IV MANNER OF ELECTION The manner in w	hich the directors are elected and appointed: As in the by Laws
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>8</u>

Name and Title:	Lopez-Ivern, Fernando Dir/Pres	Name and Title:		
Address	9980 Central Park Blvd N Ste 116 b	Address:	2020	
Boca Raton FL 33428		· · · · · · · · · · · · · · · · · · ·		
			HAY 2	· · ·
Name and Title:	Kaeppel, Katia Dir	Name and Title:		
Address	1067 Rio Court	Address:	PH	$\overline{\mathbf{O}}$
	Deerfield Beach FI 33064		 5	
Name and Title:	Goss, Debra Dir	Name and Title:		
Address	9980 Central Park Blvd N Ste 116 b	Address:		
	Boca Raton FL 33428	-		
-				

Name and Title:	Name and Title:
Address	Address:
<u></u>	
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:

Fernando Lopez-Ivern Name: 9980 Central Park Blvd N Ste 116 b Address: Boca Raton FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fernando Lopez-Ivern Name:

Address:

Boca Raton FL 33428

9980 Central Park Blvd N Ste 116 b

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

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Required Signature of Registered Agent

Hay 18, 2020

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

May 18, 2020