PO2000089812

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

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
		-				
		 .				
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fe Certified & Certifi Status	e, Copy cate of		
FROM:	DOUGLAS Name (Pr	E MA(L inted or typed)			-	
	600 BY A	ASS DR	SUITE	203	•	
	CLEARWATE City,	RFL 3	<u> 376</u> 4	02 SEC TALL		
	727 - 799 - Daytime Te	8222 elephone number		AHASST AHASTANY AHASTAN AHASTA		
				PH 3: 05 OF STATE F. FLORIDA		

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

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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:	· - ·
DOUGLAS E NAIL, INC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 600 BYPASS DR, SUITE 203 CLEARWATER FL 33764	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any legal and lowfol purpose	v n
ARTICLE IV SHARES The number of shares of stock is:	
/000 shares of a dollar par value. ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
DOUGLAS E NAIL 600 BYPASS DR, SUITE 203 CLEAR NACES TO 33764	·
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: DOUGLAS E NAIL 600 BYPASS DR, SUITE 203 CLEARWATER FL 33764	5 5
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
DOUGLAS E MAIL 600 BY PASS DR, SUITE 203 CLEARWATER FL 33764	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place desig certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	nated in this
Signature/Registered Agent 8-13-20 Date	<u>></u> 02
Signature/Incorporator 8-13-20 Date	<u> </u>