

P02000119815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

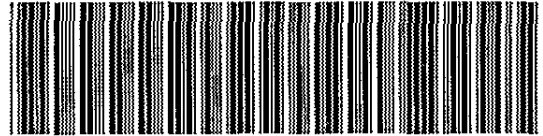
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02 NOV - 6 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Doctor's Excuse, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Christopher D. Adamson
Name (Printed or typed)

7501 225th St E.
Address

Bradenton, FL 34211
City, State & Zip

(941) 322-6322
Daytime Telephone number

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:

Doctor's Excuse, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*7501 225th St E.
Bradenton, FL 34211*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Doctor's Excuse, Inc will be a service organization
providing on-line work/school illness excuses.*

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*President - Christopher D. Adamson
7501 225th St E
Bradenton, FL 34211*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Christopher D. Adamson
7501 225th St E
Bradenton, FL 34211*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Christopher D. Adamson
7501 225th St E
Bradenton, FL 34211*

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/Registered Agent

11/1/12

Date



Signature/Incorporator

11/1/12

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA