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DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

12/16/02

## TRANSMITTAL LETTER

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

SUBJECT: D.E.R., 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: DR. DARICE E. Richard, Pharm.D.  
Name (Printed or typed)

mailing → P.O. BOX 6494 / Physical → 2109 EVERgreen Dr  
Address Tall, FL 32303

Tallahassee, FL 32314-6494  
City, State & Zip

850-523-9350  
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:

~~D.E.R., INC.~~ D.E.R. Group, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Physical  
2109 EVERGREEN DR / P.O. BOX 6494  
Tall, FL 32303 Tall, FL 32314-6494

mailling ADDRESS  
FILED  
02 DEC 13 PM 1:19  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Primarily for acqistion and management of asses

## ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ One

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

N/A

## ARTICLE VI REGISTERED AGENT

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

2109 EVERGREEN DRIVE / Dr. DAVICE E. Richard, Pharm.  
Tall, FL 32303

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

2109 EVERGREEN DRIVE / Dr. DAVICE E. Richard, Pharm.D  
Tall, FL 32303

\*\*\*\*\*  
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

Dr. D. Davice

Signature/Registered Agent

12-13-02  
Date

Dr. D. Davice

Signature/Incorporator

12-13-02  
Date