

P04000047722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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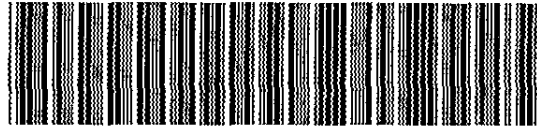
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 10 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL 32399

✓

9/3/17

TRANSMITTAL LETTER

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

SUBJECT: Diabetes Awareness Marketing, 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: Marci F. Bulterman

Name (Printed or typed)

217 La Costa Circle

Address

Weston, FL 33326

City, State & Zip

(954) 389-6426

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:

Diabetes Awareness Marketing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

217 La Costa Circle
Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide information and support to individuals with Diabetes and provide them with alternative methods of obtaining products relating to Diabetes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marci F. Bulterman - President
217 La Costa Circle
Weston, FL 33326

ARTICLE VI REGISTERED AGENT

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

Marci F. Bulterman
217 La Costa Circle
Weston, FL 33326

ARTICLE VII INCORPORATOR

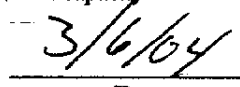
The name and address of the Incorporator is:

Marci F. Bulterman
217 La Costa Circle
Weston, FL 33326

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



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA