

POS000-100371

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

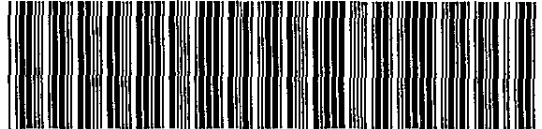
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUL 18 PM 2:44

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✓

CB 7-18

## TRANSMITTAL LETTER

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

**SUBJECT:** HOUSE DOCTOR OF CENTRAL FL 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:** MICHAEL HOETZEL, PRESIDENT

Name (Printed or typed)

957 SALT POND PLACE, #101

Address

ALTAMONTE SPRINGS, FL 32174

City, State & Zip

407-862-5443

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

HOUSE DOCTOR OF CENTRAL FL, INC.

05 JUL 18 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

957 SALT POND PLACE, #101

ALTAMONTE SPRINGS, FL 32174

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSTRUCTION - FRAMING

**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):

MICHAEL HOETZEL, PRESIDENT, VICE PRESIDENT, SEC-TREASURER, DIRECTOR

957 SALT POND PLACE, #101

ALTAMONTE SPRINGS, FL 32174

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL HOETZEL

957 SALT POND PLACE, #101

ALTAMONTE SPRINGS, FL 32174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL HOETZEL

957 SALT POND PLACE #101

ALTAMONTE SPRINGS, FL 32174

\*\*\*\*\*

*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

JULY 1, 2005

Date



Signature/Incorporator

JULY 1, 2005

Date