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(Re	equestor's Name)			
(Address)				
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(CI	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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Special Instructions to Filing Officer:				
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Office Use Only



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# **LAZARUS CORPORATE FILING SERVICE**

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	Office Use Only	
M	BER(S), (if known):	

3320 SW 87 <sup>TH</sup> AVENUE	·
MIAMI, FL 33165 (305) 552-5973	
,	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM  1. DOCTOR MOLD CORP  (Corporation Name)	IBER(S), (if known):  Document #)
2	Document #)
3. (Corporation Name)	Document #)
4. (Corporation Name) (	Document #)
Walk in Pick up time 2.66  Mail out Will wait Photo	Certified Copy  Copy  Certificate of Status
Profit Ame Not for Profit Resi Limited Liability Cha	endment ignation of R.A., Officer/Director inge of Registered Agent colution/Withdrawal ger
Annual Report	ited Partnership estatement
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Examiner's Initials

CR2E031(7/97)

06 SEP 28 Pil 1: 10

# **ARTICLES OF INCORPORATION**

SECTION OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

#### DOCTOR MOLD CORP.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9235 SADDLE CREEK DR.

BOCA RATON FL 33496

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares & \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUSTAVO A FAJARDO 9235 SADDLE CREEK DR. BOCA RATON, FL 33496

9235	SADDLE	CREEK	DR.

(P.O. Box or Mail Drop NOT acdceptable)

## BOCA RATON FL 33496

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I herebry accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

V Gustava A Forando

09/28/06

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 23214

#### ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GUSTAVO A FAJARDO 9235 SADDLE CREEK DR. BOCA RATON, FL 33496 (561) 353-1818 President / Secretary

The undersigned incorporator(s) has (Have) executed these Articles of Incorporation this 00 day of SGP 2006

x Gustavol Fogado

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE. REGISTERED AGENT, IN THE SATE OF FLORIDA.

The name of the corporation is DOCTOR MOLD CORP.

9235 SADDLE CREEK DR. BOCA RATON FL 33496

2 The name and address of the registered agent and office is:

Gustavo a fajardo