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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

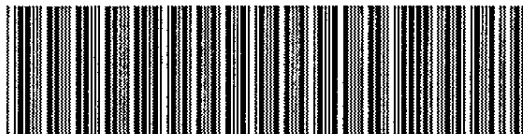
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

FILED
07 JAN 24 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ADSFORDOCS, 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: ADSFORDOCS, INC.

Name (Printed or typed)

2645 S. DOUGLAS RD #502

Address

CORAL GABLES, FL. 33133

City, State & Zip

305-448-8134

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:

ADSFORDOCS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2645 S. DOUGLAS RD #502, CORAL GABLES, FL. 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WED SITE ADVERTISING

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):

HARRIS MONES, 3 GROVE ISLE DR., #C1110, COCONUT GROVE FL 33133, PRES.

ARTICLE VI REGISTERED AGENT

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


HARRIS MONES, 3 GROVE ISLE DR. #C1110, COCONUT GROVE FL. 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HARRIS MONES, 3 GROVE ISLE DR. #C1110, COCONUT GROVE FL. 33133

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