

P07000107145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

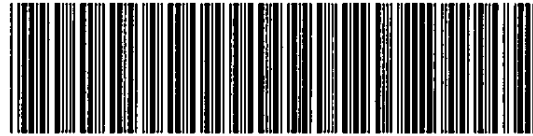
(Business Entity Name)

(Document Number)

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

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09/26/07--01040--009 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 SEP 26 AM 10:32

APPROVED  
AND  
FILED

B. McKnight SEP 27 2007

## COVER LETTER

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

SUBJECT: Dr. Hodgepodge Corp  
(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: Robert Case  
Name (Printed or typed)

11034 Blaine Top Place  
Address

Tampa, FL 33626  
City, State & Zip

954-646-4749  
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:

*Dr. Hodgepodge Corp.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*11034 Blaine Top Place  
Tampa, FL 33626*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Online Business*

**ARTICLE IV SHARES**

The number of shares of stock is:

*10*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Robert Case  
Andrea Souto  
Audrey Case*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**ARTICLE VI REGISTERED AGENT**

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

*Andrea Souto 11034 Blaine Top Place  
Tampa, FL 33626*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Robert Case  
11034 Blaine Top Place Tampa FL 33626*

\*\*\*\*\*

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]*

Signature/Registered Agent

*9/24/07*

Date

*[Signature]*

Signature/Incorporator

*9/24/07*

Date