

P070000113241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

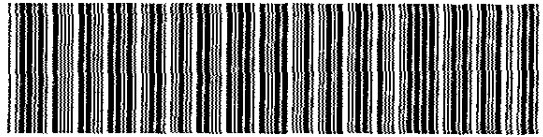
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500110453125

10/12/07--01019--013 **87.50

FILED

07 OCT 12 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: DOCS XPRESS, 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: MAYLIN NELSON
Name (Printed or typed)

10855 NW 40 ST
Address

SUNRISE, FL 33351
City, State & Zip

954-804-6869
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

07 OCT 12 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DOCS XPRESS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10855 NW 40 ST
SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE CORPORATION IS AS FOLLOWS BUT IT NOT LIMITED TO: COMPLETEING DOCUMENTS IN A TIMELY MATTER FOR INSURANCE COMPANIES, DOCTOR'S OFFICES, AND MEDICAL COMPANIES FOR PROFIT.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ERIC NELSON	MAYLIN NELSON
10855 NW 40 ST	10855 NW 40 ST
SUNRISE, FL 33351	SUNRISE, FL 33351
PRESIDENT	VICE PRESIDENT/CHAIRMAN OF THE BOARD

ARTICLE VI REGISTERED AGENT

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

MAYLIN NELSON
10855 NW 40 ST
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAYLIN NELSON
10855 NW 40 ST
SUNRISE, FL 33351

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

8/27/07

Date



Signature/Incorporator

8/27/07

Date