

PD7000/30525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

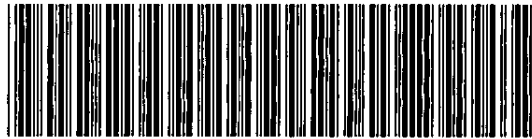
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

184

## COVER LETTER

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

**SUBJECT:** Diabetic Footwear Consulting 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: Robert J. Crunkleton  
Name (Printed or typed)

699 Aberdeen Lane  
Address

Winter Springs Fl. 32708  
City, State & Zip

407-699-1285  
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:

**Diabetic Footwear Consulting Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**699 Aberdeen Lane Winter Springs Florida, 32708**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to consult shoe manufactures who are expanding into the diabetic shoes business, examine current footwear for SADMERC consideration, design new diabetic footwear. Educate and assist the general public in how, and where to locate affordable diabetic footwear.

### **ARTICLE IV SHARES**

The number of shares of stock is:

**100 shares**

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

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

President

**Robert J. Crunkleton**

**699 Aberdeen Lane**

**Winter Springs Florida, 32708**

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**TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

Robert J. Crunkleton  
699 Aberdeen Lane  
Winter Springs Florida, 32708

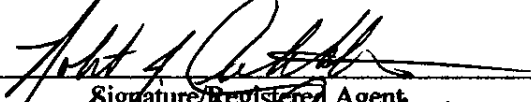
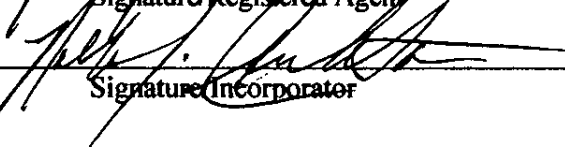
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert J. Crunkleton  
699 Aberdeen Lane  
Winter Springs Florida, 32708

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*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  
  
\_\_\_\_\_  
Signature/Incorporator

12/7/07  
Date  
12/7/07  
Date

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TALLAHASSEE, FLORIDA