

PD8000026295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

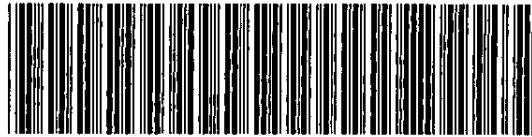
(Business Entity Name)

(Document Number)

Certified Copies _____ • Certificates of Status _____

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FILED
2008 MAR 12 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-12-08
W08-11577
A.H.
3-5-08

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 12 PM 12:50

FILED

SUBJECT: Doctor's @ Your Home, 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: Jose B. Gardens MD
Name (Printed or typed)

12295 NW 2nd Street
Address

Miami FL 33182
City, State & Zip

★ (305) 815-7820
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2008

JOSE B. GARDENS MD
12295 NW 2ND STREET
MIAMI, FL 33182

SUBJECT: DOCTOR'S @ YOUR HOME, INC
Ref. Number: W08000011577

FILED
2008 MAR 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DOCTOR'S @ YOUR HOME, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6993.

Annie Hall
Regulatory Specialist II
New Filing Section

Letter Number: 808A00013727

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:

Doctor's @ Your Home, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12295 NW 2nd St
Miami FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Any Legal Business in USA.

ARTICLE IV SHARES

The number of shares of stock is:

1000 (one thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

★ Jose B. GARDENS
PRESIDENT - CEO
12295 N.W 2 ST
Miami FL 33182

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2008 MAR 12 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Jose B. Gardens 12295 NW 2nd St
Miami FL 33182

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Same Jose B. GARDENS
12295 NW 2nd St
Miami FL 33182

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

3/4/08

Date

2/27/08

Date

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2008 MAR 12 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA