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COVER LETTER

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

SUBJECT: Doctor's Backup, 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: Joseph L. Yates
Name (Printed or typed)

2198 SE Shipping Road
Address

Port St. Lucia, FL 34952
City, State & Zip

772-233-8811
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:

Doctor's Backup, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*2198 SE Shipping Road
Port St. Lucie, FL 34952*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide data back-up services

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):

*Joseph L. Yates - President
2198 SE Shipping Road
Port St. Lucie, FL 34952*

ARTICLE VI REGISTERED AGENT

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

*Jill Yates
2222 SE Shipping Road
Port St. Lucie, FL 34952*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jill Yates
2222 SE Shipping Road
Port St. Lucie, FL 34952*

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

Jill Yates

Jill Yates

Signature/Registered Agent

Signature/Incorporator

2/9/09

Date

2/9/09

Date

09 FEB 11 AM 9:40

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