

P1 0000083542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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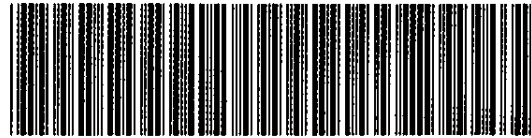
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORP.
2010 OCT -8 PM 2:11

10/13/10

COVER LETTER

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

SUBJECT: Dr.Raulston, 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: Dr. Raulston Nembhard

Name (Printed or typed)

8413 Clematis Lane

Address

Orlando, Florida 32819

City, State & Zip

407-352-6461

Daytime Telephone number

stead6655@aol.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Dr. Raulston, Inc.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
8413 Clematis Lane, Orlando, Florida 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do business in the state of Florida related to public speaking/consultancy, radio & television broadcasting, counseling/psychotherapy, publication and sales of books, CDs, DVDs and other related endeavors.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Raulston Nembhard, President & CEO Name and Title: _____
Address: 8413 Clematis Lane, Orlando, FL 32819 Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

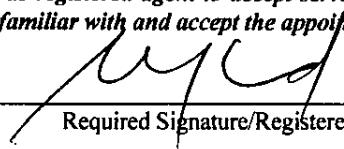
Name: Dr. Raulston Nembhard
Address: 8413 Clematis Lane, Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Raulston Nembhard
Address: 8413 Clematis Lane, Orlando, FL 32819

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


Required Signature/Registered Agent

10-5-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10-5-10
Date