

P100000091470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

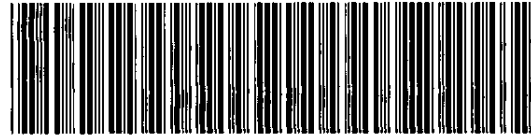
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/10

COVER LETTER

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

SUBJECT: Doc Burns Corporation
(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: Steven P Burns
Name (Printed or typed)

1365 Snell Isle Blvd. NE #7E
Address

St. Petersburg, FL 33704
City, State & Zip

727-776-5777
Daytime Telephone number

stevenburns@usa.com
E-mail address: (to be used for future annual report notification)

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:

Doc Burns Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

1365 Snell Isle Blvd. NE #7E

St. Petersburg, FL 33704

Mailing address, if different

PO Box 730

St. Petersburg, FL 33731

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To design, produce, and sell, both mechanical and medical devices, medical and nutritional supplements, foodstuffs, and other medications and devices, as well as to produce medical devices that may, or may not, be related to the aforementioned.

ARTICLE IV SHARES

The number of shares of stock is: one thousand(1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven P Burns, President and Secretary

Address: 1365 Snell Isle Blvd. NE #7E

St. Petersburg, FL 33704

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Steven P Burns

Address: 1365 Snell Isle Blvd. NE #7E

St. Petersburg, FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven P Burns

Address: 1365 Snell Isle Blvd. NE #7E

St. Petersburg, FL 33704

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

STEVEN P. BURNS

Date

NOV. 4, 2010

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

STEVEN P. BURNS

Date

NOV. 4, 2010

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10 NOV -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA