

P11000013339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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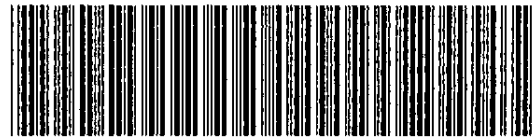
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
2/8

## COVER LETTER

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

SUBJECT: D.O.'s PLACE, 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: DONALD AND DONNA O'CLARE

Name (Printed or typed)

22906 SE HWY 19

Address

OLD TOWN, FL. 32680

City, State & Zip

352-542-8246

Daytime Telephone number

moneyleg5000@google.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: D.O.'s PLACE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
22906 SE HWY 19  
OLD TOWN, FL 32680

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO CONDUCT BUSINESS IN THE STATE of FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @1.00 PAR VALUE

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

Name and Title: DONNA O'CLARE/PRES  
Address: 22906 SE HWY 19  
OLD TOWN, FL 32680

Name and Title: DONALD O'CLARE/VICE PRES  
Address: 22906 SE HWY 19  
OLD TOWN, FL 32680

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: DONALD O'CLARE  
Address: 22906 SE HWY 19  
OLD TOWN, FL 32680

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIVERSIFIED SERVICES  
Address: P.O. BOX 1337  
MAYO, FL 32066

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

Donald P. O'Clare

Required Signature/Registered Agent

2-3-11

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.

BE. Gueith

Required Signature/Incorporator

2-3-11

Date

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