

P110000067090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

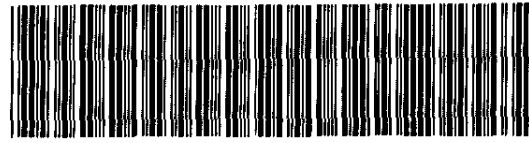
(Document Number)

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Certificates of Status \_\_\_\_\_

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07/25/11--01035--004 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 25 PM 2:12

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: DocuCert, 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: Jennifer Farina

Name (Printed or typed)

16447 Meredrew Lane

Address

Clermont, FL 34711

City, State & Zip

407-656-9707

Daytime Telephone number

docucertinc@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: DocuCert, Inc.

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
16447 Meredrew Lane  
Clermont, FL 34711

Mailing address, if different  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Residential and Commerical Permitting. Mobile Notary Services, Research

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: <u>Jennifer Farina, CEO</u>	Name and Title: <u>Neal Ngayan, CFO</u>
Address: <u>16447 Meredrew Lane</u>	Address: <u>7825 Statesman Street</u>
<u>Clermont, FL 34711</u>	<u>Severn, MD 21144</u>

Name and Title: <u>Justin Ngayan, COO</u>	Name and Title: _____
Address: <u>7825 Statesman Street</u>	Address: _____
<u>Severn, MD 21144</u>	_____

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: Jennifer Farina  
Address: 16447 Meredrew Lane  
Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Jennifer Farina  
Address: 16447 Meredrew Lane  
Clermont, FL 34711

*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

7/19/2011  
\_\_\_\_\_  
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

7/19/2011  
\_\_\_\_\_  
Date