

P12000007524

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12 JAN 20 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/23/12

COVER LETTER

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

SUBJECT: Doctors Spa at Duval Square 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: Adrienne Curran
Name (Printed or typed)

3808 Eagle Avenue
Address

Key West, Florida 33040
City, State & Zip

305 296 3986
Daytime Telephone number

adriennec1234567@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Doctors Spa at Duval Square Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1075 Duval St C-18

Key West, Fl 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Spa

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrienne Curran President
Address: 3808 Eagle Ave
Key West, Fl 33040

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:

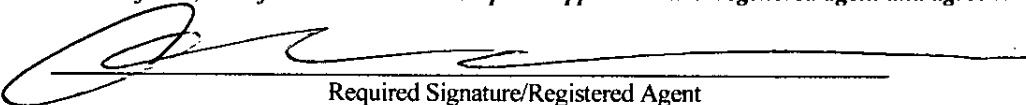
Name: Adrienne Curran
Address: 3808 Eagle Ave
Key West, Fl 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adreinne Curran
Address: 3808 Eagle Ave
Key West, Fl 33040

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

1/15/2012
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

1/15/2012
Date

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