## P12000007524

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	•	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
10		
		•

Office Use Only

691-6408.621. W12000001630



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FILED

12 JAN 20 PM 1: 1

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 arts  \$70.00  \$78.75  Filing Fee  & Certificate of Status			
	ADDITIONAL COFT REQUIRED		
FROM: <u>Adrienne Curran</u> Name	e (Printed or typed)		
3808 Eagle Avenu	Address		
•	A DA		
Key West, Florid	la 33040		
305 296 3986 Daytime T	elephone number		
adriennec1234567 E-mail address: (to be use	'éyahoo.com d for future annual report notification)		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations MELOGINYER

12 JAN 20 AM II: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 10, 2012

ADRIENNE CURRAN 3808 EAGLE AVENUE KEY WEST, FL 33040

SUBJECT: DOCTORS SPA AT DUVAL SQUARE

Ref. Number: W12000001630

We have received your document for DOCTORS SPA AT DUVAL SQUARE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list the name of the corporation in Article I.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 112A00000636

AN 20 PH 4: 4

www.sunbiz.org

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addre	ess, if different is:
	1075 Duval St C-18		
	Key West, Fl 33040		<u> </u>
RTICLE III	PURPOSE		<b>12</b> SLC ALL
	which the corporation is organized is:		JAN _
	Spa	,	20 28 28 28 28 28 28
		į	PH 4: 45  OF STATE E, FLORIDA
RTICLE IV	SHARES	Ţ	€ <del>5</del>
e number of sh	ares of stock is: One		
RTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>TORS</u>	
Name and	<sup>Title:</sup> Adrienne Curran Preside	Name and Title:	
Address:	3808 Eagle Ave	Address:	······································
	Key West, Fl 33040		
			· · · · · · · · · · · · · · · · · · ·
Name and I	Fitle:	Name and Title:	
Address:			· · · · · · · · · · · · · · · · · · ·
Name and 3	Fitle:	Nama and Title	
Address:			
TICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptab.	le) of the registered agent is:	
Name:	Adrienne Curran	, ,	
Address:	3 <del>808 Eagle Ave</del>	<del></del>	
	Key West, Fl 33040	<del></del>	
00101 P 1771	-		
TICLE VII	INCORPORATOR		
	ldress of the Incorporator is:		
Address:	rein <del>ne Curran</del>	<del></del>	
•	3808-Eagle Ave		
1	Key <del>West, Fl 33040</del>	<del></del>	
	ned as registered agent to accept service of pr im familiar with and accept the appointment a		
	Required Signature/Registered Agent		Melson
1			

Required Signature/Incorporator