

# P/2000050508

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

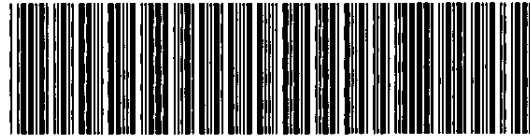
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV  
(SHARES) TO READ "100,000"  
PER TELEPHONE CONVERSATION  
WITH MICHAEL T. SCOTT.

K 06/01/12

Office Use Only



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05/31/12--01005--016 \*\*87.50

12 MAY 31 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K 06/01/12

## COVER LETTER

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

SUBJECT: DOCTOR LOCK, 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: Michael T. Scott  
Name (Printed or typed)

4542 McLBourne ST.  
Address

PUNTA GORDA, FL 33980  
City, State & Zip

(941) 889-9562  
Daytime Telephone number

MTSFLORIDA@MSN.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:

DOCTOR LOCK, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4870 HOMEWOOD ST.  
PORT CHARLOTTE, FL 33980

4542 MELBOURNE ST.  
PUNTA GORDA, FL 33980

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF LOCKSMITH FOR PROFIT, PRIMARILY  
FOR SERVICE CALLS. THE OFFICE WILL BE OUT OF THE HOME.

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

Name and Title: MICHAEL T. SCOTT, PRES.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2911 SHANNON DR.  
PUNTA GORDA, FL 33980

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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: MICHAEL T. SCOTT

Address: 4542 MELBOURNE ST.

PUNTA GORDA, FL 33980

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL T. SCOTT

Address: 4542 MELBOURNE ST.

PUNTA GORDA, FL 33980

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

[Signature]

Required Signature/Registered Agent

5-29-2012

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.

[Signature]

Required Signature/Incorporator

5-29-2012

Date

FILED  
12 MAY 31 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA