

PI2000050508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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

Special Instructions to Filing Officer:

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

κ 06/01/12

Office Use Only

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

κ 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 McBRIDE 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

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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