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\_\_\_\_\_  
(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 25 PM 4:20

*[Handwritten signature]*  
9/27/13

COVER LETTER

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

SUBJECT: Mobile D.O.T. Doc, 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: Jeffrey S. Solomon, D.C.  
Name (Printed or typed)

7315 SW 109 Terrace  
Address

Miami, FL 33156  
City, State & Zip

786-412-8555  
Daytime Telephone number

gypsydoc@bellsouth.net  
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)

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DIVISION OF CORPORATIONS  
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ARTICLE I NAME

The name of the corporation shall be: Mobile D.O.T. Doc, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7315 SW 109 Terrace  
Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical examinations for  
Truck drivers for Certification requirements

ARTICLE IV SHARES

The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jeffrey S. Solomon, D.C.

Name and Title:

Jennifer T. Solomon - VP

Address

7315 SW 109 Terrace

Address:

7315 SW 109 Terrace

Miami, FL 33156

Miami, FL 33156

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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: Jeffrey S. Solomon, D.C.

Address: 7315 SW 109 Terrace

Miami Fl. 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey S. Solomon, D.C.

Address: 7315 SW 109 Terrace

Miami, Fl. 33156

*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

9/20/13  
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.317.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

9/20/13  
Date