

P14000008262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

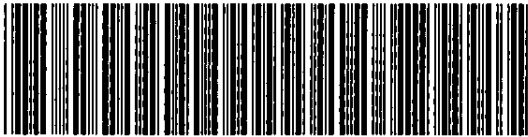
(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: **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: **Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com**

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801-5769

City, State & Zip

877-330-2677

Daytime Telephone number

lindaikner@aol.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: DOC INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7024 N HWY 301

ELLENTON, FL 34222

Mailing address, if different is:

7024 N HWY 301

ELLENTON, FL 34222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Hair salon

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINDA GORDON - PRESIDENT

Address: 1416 4TH STREET WEST
PALMETTO, FL 34221

Name and Title: LINDA GORDON - TREASURER

Address: 1416 4TH STREET WEST
PALMETTO, FL 34221

Name and Title: LINDA GORDON - VICEPRESIDENT

Address: 1416 4TH STREET WEST
PALMETTO, FL 34221

Name and Title: _____

Address: _____

Name and Title: LINDA GORDON - SECRETARY

Address: 1416 4TH STREET WEST
PALMETTO, FL 34221

Name and Title: _____

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: LINDA GORDON
Address: 1416 4TH STREET WEST
PALMETTO, FL 34221

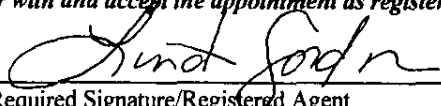
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MyUSAcorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801-5769

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

1/15/2014

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

1/16/14
Date