

P140000094972

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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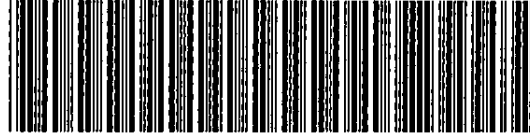
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

MD 11/25

## COVER LETTER

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

SUBJECT: Dr. Whyte & Associates, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Norman A. Whyte  
Name (Printed or typed)  
11219 N Kendall Dr Apt C208  
Address  
Miami, FL 33176  
City, State & Zip  
7863261801  
Daytime Telephone number  
redline43@Hotmail.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: Dr. Whyte & Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different

11219 N Kendall Dr

Apt C208

Miami, FL 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful business activities.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Norman A. Whyte - President

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

Address 11219 N Kendall Dr

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

Apt C208

Miami, FL 33176

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: Norman A. Whyte  
Address: 11219 N Kendall Dr Apt C208  
Miami, FL 33176

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Norman A. Whyte  
Address: 11219 N Kendall Dr Apt C208  
Miami, FL 33176

*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

11/18/14  
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

11/18/14  
Date

FILED  
14 NOV 21 PM 12:44  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA