

03/18/2033 04:13

2590 P.002/004

**P1500004036Z**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**DR.N.ORE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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#2590 P.001/004



May 5, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: DR. N. ORE INC.  
REF: W15000031695

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://www.sunbiz.org/titledef.html>.

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Tyrone

03/18/2033 04:18

May. 4. 2015 11:44AM

#2590 P.003/004

H15000108513 No. 5432<sup>86</sup>P. 2<sup>03</sup>/003

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Dr. N. Ore Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

318 W 36 ST

Hialeah FL 33012

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Nelly Christy ANN — President

Nelly Luisa Ore — Treasure

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Nelly Luisa Ore

318 W 36 ST

Hialeah FL 33012

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Nelly Luisa ORE

318 W 36 ST

Hialeah FL 33012

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03/16/2033 04:19  
May. 4. 2015 11:45AM

#2590 P.004/004

H15000108513

No. 54328EP. 3'03/003

**Required Signatures:**

***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***

  
Registered Agent

4-28-15  
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.***

  
Incorporator

4-28-15  
Date

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