

P15000058923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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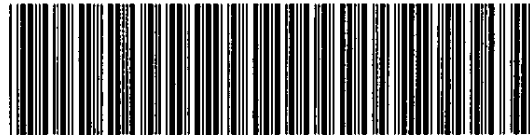
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 10 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

1/1

COVER LETTER

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

SUBJECT: Dolee 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: LAWRENCE ANZALONE
Name (Printed or typed)

3801 Bayshore Blvd.
Address

TAMPA, FL 33611
City, State & Zip

813 / 784-0693
Daytime Telephone number

ilfilante @ AOL. com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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AND
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ARTICLES OF INCORPORATION

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

15 JUL 10 AM 9:33

ARTICLE I NAME

The name of the corporation shall be: Oolee, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3801 Bayshore Blvd.
Tampa, FL 33611

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO engage in any
lawful activity

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Anzalone Name and Title: David Ostroff
Director Director

Address: 3801 Bayshore Blvd
Tampa, FL 33611

Address: 527 Liverpool Dr.
Cardiff, Calif
92007

Name and Title: Jose Ward
Director

Address: 11814 Trindelpia Rd
Ellicott City, Md
21042

Name and Title: Keith Bachman
Director

Address: 1600 Arch St #813
Phila, PA. 19103

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AND
FILED

Name and Title: _____ Name and Title: 15 JUL 10 AM 9:33
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LAWRENCE ANZALONE
Address: 3801 Bayshore Blvd
Tampa, FL 33611

ARTICLE VII INCORPORATOR

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

Name: LAWRENCE ANZALONE
Address: 3801 Bayshore Blvd.
Tampa, FL 33611

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/7/15
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.

Required Signature/Incorporator 7/7/15
Date