

P15000079842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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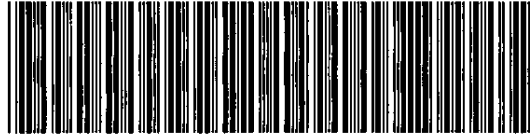
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 28 2015

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COVER LETTER

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

SUBJECT: Doctor Exam Online, 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:

Tom Lane

Name (Printed or typed)

5211 US Hwy 19, #200

Address

New Port Richey, FL 34652

City, State & Zip

727-846-7164

Daytime Telephone number

Sherri. Paules @ gmail.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: Doctor Exam Online, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5211 US Hwy 19 #200
New Port Richey, FL 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer telemedicine
services. This service is unlimited
access anytime anywhere to a licensed
medical doctor in all 50 states.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tom Lane, President Name and Title: _____

Address 5211 US Hwy 19 #200 Address: _____
New Port Richey, FL
34652

Name and Title: Sherri Paules, CEO Name and Title: _____

Address 5211 US Hwy 19 #200 Address: _____
New Port Richey, FL
34652

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 SEP 21 5M12:00
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/00 BY 1045

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: _____

Address: _____

Tom Lane
5211 US Hwy 19, #200
New Port Richey, FL 34652

ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

Amy Armstrong
5211 US Hwy 19 Ste 200
New Port Richey FL 34652

FILED
45 SEP 21 PM 12:00
SECRETARY OF STATE
AT 484387 P 0012

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

Tom Lane

Required Signature/Registered Agent

9-17-15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Amy Armstrong

Required Signature/Incorporator

9/17/15
Date

Amy Armstrong