

P15 000084851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

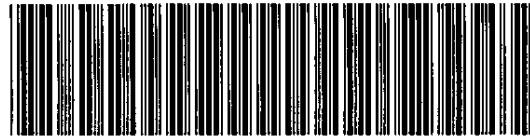
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



300277885193

Effective Date Jan 01, 2016

10/09/15--01019--002 **70.00

FILED
15 OCT -9 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 15 2015

COVER LETTER

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

SUBJECT: Docside Holistics, 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: Melissa Scotch
Name (Printed or typed)

1448 Flotilla Drive
Address

Holiday FL 34690
City, State & Zip

(727) 916 0681
Daytime Telephone number

dr.melissascotch@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: Docside Holistics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1448 Flotilla Drive
Holiday, FL 34690

Effective Date Jan 01, 2016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing alternative choices to health
(life coaching, workshops, health & nutrition
consulting)

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Melissa Scotch, President Name and Title: _____

Address: 1448 Flotilla Drive Address: _____
Holiday FL 34690

Name and Title: Brianna Scotch, Director Name and Title: _____

Address: 1448 Flotilla Drive Address: _____
Holiday FL 34690

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
15 OCT -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Dr. Melissa Scotch
Address: 1448 Flotilla Drive
Holiday FL 34690

FILED
15 OCT -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Melissa Scotch
Address: 1448 Flotilla Drive
Holiday FL 34690

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 1, 2016 (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

Dr. Melissa Scotch
Required Signature/Registered Agent

Oct 4, 2015
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.

Dr. Melissa Scotch
Required Signature/Incorporator

Oct 4, 2015
Date