

P14000092823

**Florida Department of State
Division of Corporations
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To:

**Division of Corporations
Fax Number : (850)617-6381**

From:

**Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DR. K. ORE INC.**

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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09/27/2033 07:09
Nov. 16. 2015 4:13PM

#1976 P. 002/003

No. 6294 P. 2002/000

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

H15000273728

ARTICLE I NAME: The name of the corporation is:

DR. K. 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:

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

DR. Katherine S Ore
318 W 36 ST
HiAleah FL 33012

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

DR. Katherine S Ore
318 W 36 ST
HiAleah FL 33012.

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

DR. Katherine S Ore
318 W 36 ST
HiAleah FL 33012.

SECRETARY OF STATE
ALABAMA
FLORIDA

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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

Katherine Ore 11/16/15
Registered Agent Date

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.

Katherine Ore 11/16/15
Incorporator Date

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