

P15000094541

(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



900278022989

10/13/15--01010--006, \*\*78.75

WIS-70408

FILED  
15 NOV 23 PM 1:09  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

NOV 2 2015

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

DR. MAIL BOX  
(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: \_\_\_\_\_

KEISIA ARISTHOMENE

Name (Printed or typed)

4512 Lake Jason Ct

Address

Mount Dora FL 32757

City, State & Zip

786-222-6272

Daytime Telephone number

Ketsia.aristhomene@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2015

KETSIA ARISTHOMENE  
4512 LAKE JASON CT  
MOUNT DORA, FL 32757

SUBJECT: DR. MAIL BOX  
Ref. Number: W15000070408

RECEIVED NOV 23 2015

We have received your document for DR. MAIL BOX and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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>.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 215A00022485

**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: DR. MAILBOX, corporation.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4512 Lake Jason Ct  
Mount Dora FL 32757

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Mailbox Repair

**ARTICLE IV SHARES**

The number of shares of stock is: 500

FILED  
15 NOV 23 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BW ~~er~~ Ketsia Aristhomen Name and Title: \_\_\_\_\_

Address 4512 Lake Jason Ct Address: \_\_\_\_\_  
Mount Dora FL 32757

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Ketsia Aristhomene

Address: 4512 Lake Jason Ct  
Mount Dora FL 32757

**ARTICLE VII INCORPORATOR**

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

Name: Ketsia Aristhomene

Address: 4512 Lake Jason Ct  
Mount Dora FL 32757

FILED  
15 NOV 23 PM 10:09  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/03/15 (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*

Ketsia Aristhomene  
Required Signature/Registered Agent

10-16-15  
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.*

Ketsia Aristhomene  
Required Signature/Incorporator

10-16-15  
Date