

P/6000026387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

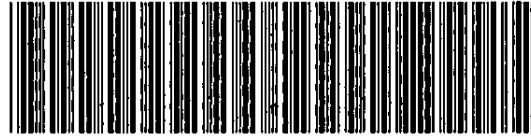
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MAR 24 2016

S. GILBERT

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16 MAR 17 PM 1:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DIABETIC SHOE SOURCE, 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: ANTHONY H. RIVERA

Name (Printed or typed)

2891 INDIA BLVD

Address

DELTONA, FL 32738

City, State & Zip

386-479-0261

Daytime Telephone number

AHR32725@YAHOO.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: DIABETIC SHOE SOURCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

156 S. CHARLES RICHARD BEALL BLVD

SUITE 3

DEBARY, FL 32713

Mailing address, if different is: 1715 E

ALT HASSSE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

RETAIL MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY H. RIVERA, PRESIDENT

Name and Title: _____

Address 2891 INDIA BLVD

Address: _____

DELTONA, FL 32738

Name and Title: MARIA JIMENEZ, SECRETARY-TREAS

Name and Title: _____

Address 2891 INDIA BLVD

Address: _____

DELTONA, FL 32738

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: ANTHONY H. RIVERA
Address: 2891 INDIA BLVD
DELTONA, FL 32713

ARTICLE VII INCORPORATOR

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

Name: ANTHONY H. RIVERA
Address: 2891 INDIA BLVD
DELTONA, FL 32738

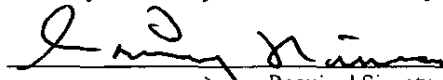
ARTICLE VIII EFFECTIVE DATE:

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

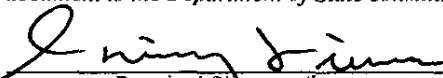


Required Signature/Registered Agent

3-14-16

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

3-14-16

Date