

P160000038834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

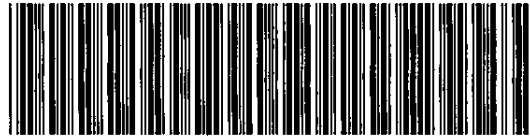
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S-A-16

## COVER LETTER

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

SUBJECT: Florida Dock Doctors incorporated  
(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: John Rodriguez  
Name (Printed or typed)

1025 N. Yellowstone  
Address

North Ft. Myers, FL 33917  
City, State & Zip

239-308-2690  
Daytime Telephone number

JROD2487@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: Florida Dock Doctors incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

1025 N. Yellowstone  
N. Fort Myers, FL 33917

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide maintenance  
and repairs of docks and to engage in  
any other lawful activities for  
which corporation may be incorporated in  
this state

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: John Rodriguez <sup>CEO</sup> President Name and Title: \_\_\_\_\_

Address 1025 N Yellowstone Address: \_\_\_\_\_  
N. Fort Myers, FL  
33917

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

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

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

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

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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: John Rodriguez  
Address: 1025 N. Yellowstone  
N. Fort Myers, FL 33917

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**ARTICLE VII INCORPORATOR**

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

Name: John Rodriguez  
Address: 1025 N. Yellowstone  
N. Fort Myers, FL 33917

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/18/16 (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*

John Rodriguez Required Signature/Registered Agent 4/18 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.*

John Rodriguez Required Signature/Incorporator 4/18 Date