

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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Account Name : CORP USA
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 Fax Number : (305) 633-9696

16 JUN 17 AM 11:10

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DOC FLORIDA CORP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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June 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: DOC FLORIDA CORP
REF: W16000040980

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H16000136475
Letter Number: 716A00011845

P.O BOX 6327 - Tallahassee, Florida 32314

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H16000136475

COVER LETTER

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

SUBJECT: DOC FLORIDA CORP
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CRISTIAN GIACULLI
Name (Printed or typed)
20807 BISCAYNE BLVD. SUITE 104
Address
AVENTURA, FL 33180
City, State & Zip
3059877240
Daytime Telephone number
lavand@grgcpa.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: DOC FLORIDA CORP

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE L. PALAZZO, PRESIDENT
Address: 20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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(cont.)

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: MARK GERSTLE
Address: 2630 NE 203 STREET, SUITE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOSE L. PALAZZO
Address: 20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

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

6.7.16

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

6.7.16

Date

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06/07/2016 11:04 3056339696