

PI8000041583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

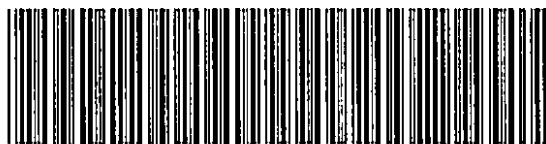
(Business Entity Name)

(Document Number)

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

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05/03/18--01016--004 \*\*70.00

2018 MAY -3 AM 11:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
MAY 10 2018

## COVER LETTER

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

SUBJECT: Drs 2 U, 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      ☐ \$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: Forrest Sygman, P.A.  
Name (Printed or typed)

7300 N. Kendall Drive Ste 450  
Address

Miami, FL 33156  
City, State & Zip

305-661-8955  
Daytime Telephone number

Forrest@sygmanlaw.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: Dis 2 U, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7300 W. Kendall Drive  
Suite 450  
Miami, FL 33156

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful purposes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Forrest Sygman, Director

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

Address: 7300 W. Kendall Drive

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

Suite 450

Miami, FL 33156

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

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

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

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

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

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

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

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

2011 MAY -3 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

612003

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: Forrest Sygman, P.A.

Address: 7300 N. Kendall Drive Ste 450  
Miami, FL 33156

2018 MAY -3 AM 11:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Forrest Sygman, P.A.

Address: 7300 N. Kendall Drive Ste 450  
Miami, FL 33156

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/25/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

04/25/2018  
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

04/25/2018  
Date