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JUN 11 2019



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05/30/19--01003--012 \*\*76.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 30 AM 11:43

## COVER LETTER

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

**SUBJECT:** HUNTERS DRG REVIEW 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:** OLAOLU ODEWOLE

Name (Printed or typed)

1047 BRIAR RIDGE ROAD

Address

WESTON, FL, 33327

City, State & Zip

4152007986

Daytime Telephone number

OLAODEWOLE@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: HUNTERS DRG REVIEW INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1047 BRIAR RIDGE ROAD, WESTON, FL, 33327

Mailing address, if different is:  
BOX 267206, WESTON, FL, 33326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE FLORIDA BUSINESS CORPORATIONS ACT OR OTHER APPLICABLE LAWS, INCLUDING ACCOUNTING CONSULTING SERVICES, HEALTHCARE AND REVENUE OPTIMIZATION ADVISORY SERVICES AND GENERAL PROVISION OF GOODS AND SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: OLAOLU ODEWOLE (DIRECTOR)

Address: 1047 BRIAR RIDGE ROAD,  
WESTON, FL, 33327

Name and Title: NAFISAT ODEWOLE (DIRECTOR)

Address: 1047 BRIAR RIDGE ROAD  
WESTON, FL, 33327

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

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

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

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

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

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

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

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

19 MAY 30 AM 11:43  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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: OLA ODEWOLE

Address: 1047 BRIAR RIDGE ROAD

WESTON, FL, 33327

**ARTICLE VII INCORPORATOR**

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

Name: OLA ODEWOLE

Address: 1047 BRIAR RIDGE ROAD

WESTON, FL, 33327

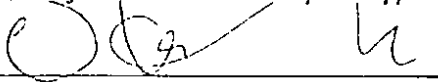
**ARTICLE VIII EFFECTIVE DATE:**

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 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

5/27/19

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

5/27/19

Date

FILED  
SECRETARY OF STATE  
19 MAY 30 AM 11:43