

P200000001586

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000008035 3)))



H200000080353ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I28000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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 ON THE ROCK CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
20 JAN -8 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2020 JAN -8 PM 1:19
DIVISION OF CORPORATIONS
BUREAU OF CORPORATE
AND COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

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 ON THE ROCK CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

102901 OVERSEAS HWY

KEY LARGO, FL 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THIS ENTITY IS A MEDICAL OFFICE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS MORRISON MD (P)

Name and Title: _____

Address 102901 OVERSEAS HWY

Address: _____

KEY LARGO, FL 33037

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: THOMAS MORRISON

Address: 102901 OVERSEAS HWY

KEY LARGO, FL 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS MORRISON

Address: 102901 OVERSEAS HWY

KEY LARGO, FL 33037

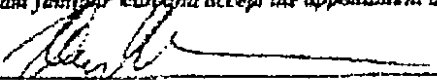
ARTICLE VIII EFFECTIVE DATE:

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

<u></u>	<u>1/6/20</u>
Required Signature/Registered Agent	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.

<u></u>	<u>1/6/20</u>
Required Signature/Incorporator	Date