## P2000053380

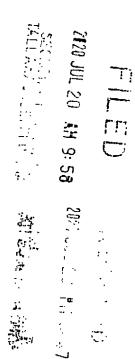
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(Document Number)
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

PICK UP: 7/20 Glinda CERTIFIED COPY  $\mathbf{X}\mathbf{X}$ **PHOTOCOPY CUS** XX FILING CORP DCM INFECTIOUS DISEASES, CORP. (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:** 

## **COVER LETTER**

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

SUBJECT: DCM	Infectious Diseases, Corp		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	
FROM:	Irina Roth Neumann, Esq.		
	Nam	e (Printed or typed)	
	Roth Private Advising La	w, 78 SW 7th Street, Suite	500
		Address	
	Miami, FL 33130		
	City,	State & Zip	
	3057988878		
	Daytime 1	elephone number	
	irina@rothpalaw.com		
<del></del>	E-mail address: (to be use	d for future annual report n	otification)

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)

<u>ARTICLE I NAME</u>			
The name of the corporat	ion shall be: DCM Infectious Diseas	ses, Corp	. <u>-</u>
	Principal street address vising Law, 78 SW 7th Street 33130	Mailing	g address, if different is:
ARTICLE III PURPO The purpose for which the	<u>PSE</u> ne corporation is organized is:any an	nd all lawful business	
			: T 2
	tock is:  LOFFICERS AND/OR DIRECTORS		FILE AH
Name and Title:	Donna C Moritz, Director  7810 lago del mar dr., #102  Boca Raton, FL 33433	Name and Title: Address:	9.58
- -			
		Address:	
		Name and Title:	
-			

Name a	nd Title:	Name and Title:
Address		Address:
		<del></del>
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptions)	ptable) of the registered agent is:
Name:	Roth Private Advising Law	
Address:	78 SW 7th Street, Suite 500, Miami,	FL 33130
		<del></del>
ADTICLE VII	INCODDOD 4700	
	INCORPORATOR	
inc <u>name and a</u>	address of the Incorporator is:	
Name:	Donna C. Moritz	
Address:	7810 lago del mar dr., #102	
	Boca Raton, FL 33433	<del></del>
ADTICL C IVIII	FFFFCWU/F B 475	
Effective date, i	EFFECTIVE DATE:  f other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific an	d cannot be more than five days prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the aperfective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed records.
Having been nat	ned as registered agent to accept service of p familiar with and accept the appointment as	process for the above stated corporation at the place designated in registered agent and agree to act in this capacity
certificate, I am	T	07/17/2020
certificate, I am		
certificate, I am	Required Signature/Registered Ag	gent Date
I submit this do		rein are true. I am aware that the false information submitted i