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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number

: (305)675-5944

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

## FLORIDA PROFIT/NON PROFIT CORPORATION **DORAN MOTORS CORP**

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Doran Motors Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
- Christopher crawtord
4532 SW 113+12 ave Unit #114
Miranar, F1 33025
ARTICLE III SHARES: The number of shares of stock is: /00
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- christopher arownord (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Christopher crowtord
4532 SW 113th ave, Unit #114
Miramar, F1 33025
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Christoper oral Hora
Christopher crawford 4532 sw 113+0 ave #114
MICOMOR FI 33075

## Required Signatures:

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

Registered Agent 9/25/20
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.

Incorporator 9/85/20
Date: