

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P210001597973

Note: Please print this page and use it as a cover sheet. Place the cover sheet in the envelope with the documents to be filed. The cover sheet must be submitted with all documents.

(((H210001597973)))



H210001597973ABC8

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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.****

Email Address: _____

FLORIDA PROFT/NON PROFIT CORPORATION
DORADO LABORATORIES INC.

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

2021 APR 21 PM 4:54
CORPORATE
FILING
SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:DORADO LABORATORIES INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

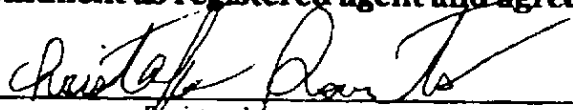
6560 W. ROGERS CIRCLE SUITE 24BOCA RATON, FL. 33487**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**CHRISTOPHER RASCIONATO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

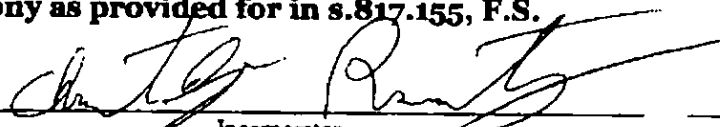
CHRISTOPHER RASCIONATO6560 W. ROGERS CIR SUITE 24BOCA RATON, FL. 33487**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CHRISTOPHER RASCIONATO6560 W. ROGERS CIR SUITE 24BOCA RATON, FL. 33487

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

 4-20-2021
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.

 4-20-2021
Incorporator Date