

P22000023610  
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.

((H22000116935 3)))



H220001169353ABC\$

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: \_\_\_\_\_

FILED  
22 MAR 30 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
DOPICHE ENTERPRISES CORP

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

S. CHATHAM

MAR 31 2022

RECEIVED  
2022 MAR 30 PM 3:46  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
COMMERCIAL  
SERVICES

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

**ARTICLE I NAME:** The name of the corporation is:

Dopche Enterprises CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1080 93 st apt 4 Bay harbor island  
Fl 33154

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 MAR 30 PM 7:06

FILED

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Pavel Sosa (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Pavel Sosa  
1080 93 st apt 4 Bay harbor island  
Fl 33154

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Pavel Sosa  
1080 93 st apt 4 Bay harbor island  
Fl 33154

**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**

*[Handwritten 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.**

*[Handwritten Signature]*  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

**FILED**

**22 MAR 30 PM 7:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**