

P23000034709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

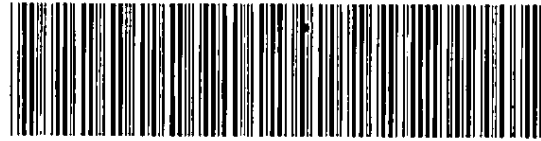
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

Office Use Only



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3 CREDIT  
MAY - 2023

05/02/23--01000--000 \*\$55.00

05/02/23--01000--020 \*\$15.00



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MAY 2 2023  
STATE OF FLORIDA

2023 MAY -2 PM 2:30

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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:** Cat 05/2

☐ **CERTIFIED COPY**

**XX** **PHOTOCOPY**

☐ **CUS**

**XX** **FILING**

INC

1. **DBK ASSOCIATES OF FLORIDA, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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: DBK Associates of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18898 SE Jupiter Inlet Way  
Tequesta FL 33469

Mailing address, if different is:  
18898 SE Jupiter Inlet Way  
Tequesta FL 33469

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to earn profit for its shareholders via a specialty  
pharmacy contracting service

**ARTICLE IV SHARES**

The number of shares of stock is: 200 shares non par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Don Kramer, President &amp; Treasurer</u>	Name and Title:	<u>Brooke Kramer, Vice President &amp; Secretary</u>
Address	<u>18898 SE Jupiter Inlet Way</u> <u>Tequesta FL 33469</u>	Address:	<u>18898 SE Jupiter Inlet Way</u> <u>Tequesta FL 33469</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

2023 MAY -2 PM 1:24  
SECRETARY  
DON KRAMER

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: Donald Kramer  
Address: 18898 SE Jupiter Inlet Way  
Tequesta FL 33469

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donald Kramer  
Address: 18898 SE Jupiter Inlet Way  
Tequesta FL 33469

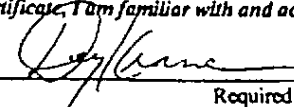
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/1/23 (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*

X   
Required Signature/Registered Agent

5/1/23  
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.*

X   
Required Signature/Incorporator

5/1/23  
Date

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SEC. OF STATE  
TEQUESTA, FL 33469