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Florida Department of State
Division of Corporations
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Email Address: ddudai@floridaentrepreneurlaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Anabolic Doc Inc.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: Anabolic Doc Inc.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Danielle Dudai

Name (Printed or typed)

101 NE 3rd Avenue, Suite 1500

Address

Fort Lauderdale, FL 33301

City, State & Zip

954-937-1599

Daytime Telephone number

ddudai@floridaentrepreneurlaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Anabolic Doc Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address2151 E. Commercial BlvdSuite 302Fort lauderdale, FL 33301

Mailing address, if different is:

2151 E. Commercial BlvdSuite 302Fort lauderdale, FL 33308**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Thomas O' Connor, PresidentAddress: 2151 E. Commercial BlvdSuite 302Fort Lauderdale, FL 33308Name and Title: Wendy O' Connor, SecretaryAddress: 2151 E. Commercial BlvdSuite 302Fort Lauderdale, FL 33308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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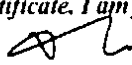
Name and Title: _____ Name and Title: _____

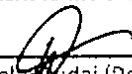
Address _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Thomas O' ConnorAddress: 2151 E. Commercial Blvd, Suite 302Fort Lauderdale, FL 33308**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Danielle Dudai, Esq.Address: 101 NE 3rd Ave, Suite 1500Fort Lauderdale, FL 33301**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (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*

Dr. Tom O' Connor (Dec 14, 2023 12:19 EST)
Required 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.*

Danielle Dudai (Dec 14, 2023 16:31 EST)
Required Signature/Incorporator_____
Date

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