Department of State Division of Topporations P. O. Box 6.27 Tallahassee, FL 32314

u	·	.	
SUBJECT:	DOKTORS INC.		
	(Proposed corporate name - must include suffix)		
Englosed in a		f	40000267 ! -10/29/98- *****78.79
enciosed is an origin	nal and one(1) copy of the ar	ticles of incorporation and a	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM	MYETRATE MURTHY		
	Name (Printed or typed)		
	8600 SW 92nd St, #102, Miami, Fl 33156		
	Address		
	Miami, Florida 3315	6	

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

City, State & Zip

305-274-4386
Daytime Telephone number



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Doktors Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8600 SW 92nd St, #102 Miami, Fl 33156.

<u>ARTICLE III SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Myetraie Murthy

8600 SW 92 ST, #102, Miami,

F1 33156

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Myetraie Murthy, 8600 SW 92 St, #102, Miami, Fl 33156

Signature/Incorporator

10/27/98

9000 Politica 23

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date