

P99000007420

TRANSMITTAL LETTER

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

600002749286--1
-01/21/99--01040--023
*****87.50 *****87.50

SUBJECT: CyberDoctors.Com Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Claire Mealey-Hunter
Name (Printed or typed)

64 Kingsley Circle
Address

Ormond Beach, FL 32174
City, State & Zip

904 / 437-0701 or 904 / 258-4930
Daytime Telephone number

FILED
99 JAN 21 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6692-1

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.

ARTICLE I NAME

The name of the corporation shall be:

CyberDoctors.Com Inc.

ARTICLE II PRINCIPAL OFFICE

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

311 31st Court
West Palm Beach, FL 33407-4903

ARTICLE III SHARES

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

100,000 (One hundred thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Claire Mealey-Hunter
64 Kingsley Circle, Ormond Beach, FL 32174

ARTICLE V INCORPORATOR

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

Claire Mealey-Hunter
64 Kingsley Circle
Ormond Beach, FL 32174



Signature/Incorporator

1-19-99

Date

(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

1-19-99

Date

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TALLAHASSEE, FLORIDA