

TRANSMITTAL LETTER

P 99 0000 70352

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

800002947358-6
-08/02/99-01084-018
*****70.00 *****70.00

SUBJECT:

DOCTOR PARTYS, Inc.

(Proposed corporate name - must include suffix)

99 AUG 2 PM 1:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

JOSEPH BOGART

Name (Printed or typed)

9835 NW 3 CT.

Address

PLANTATION, FL 33324

City, State & Zip

954-474-1127

Daytime Telephone number

F. CHESN AUG 9 1999

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

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:

DOCTOR PARTYS, INC.

ARTICLE II PRINCIPAL OFFICE

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

9835 NW 3 CT.
PLANTATION, FL 33324

ARTICLE III SHARES

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

100 (ONE HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSEPH BOGART
9835 NW 3 CT,
PLANTATION, FL 33324

ARTICLE V INCORPORATOR

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

JOSEPH BOGART, PRESIDENT, 9835 NW 3 CT, PLANTATION, FL 33324
NINA HERSCH, VICE-PRESIDENT, 9835 NW 3 CT, PLANTATION, FL 33324

JOSEPH BOGART

Signature/Incorporator

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

Date

FILED
99 AUG -2 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA