

P09000095157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

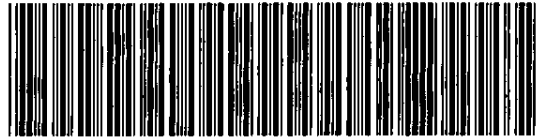
(Business Entity Name)

(Document Number)

Certified Copies    Certificates of Status   

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11/19/09--01016--010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 19 PM 3:08

APPROVED  
AND  
FILED

VA

**COVER LETTER**

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

**SUBJECT:** LEGACY DENTAL CERAMICS, 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 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:** JEAN MATRISCIANO  
Name (Printed or typed)

10897 STONINGTON AVE  
Address

FORT MYERS, FL 33913  
City, State & Zip

(239) 561-9993  
Daytime Telephone number

JM9999@JUNO.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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AND  
FILED

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**ARTICLE VII            INCORPORATOR**

The name and address of the Incorporator is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JEAN MATRISCIANO  
10897 STONINGTON AVE.  
FORT MYERS, FL 33913

\*\*\*\*\*

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

Jean Matrisciano  
Signature/Registered Agent

11-16-09  
Date

Jean Matrisciano  
Signature/Incorporator

11-16-09  
Date