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JUN 17. 20[illegible] 08P[illegible] CAPITAL CONNECTION [illegible] Div[illegible] 4470 Corp[illegible]ions

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Michelle Scala, D.M.D., P.A.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$87.50

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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06/18/13

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COVER LETTER

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

SUBJECT: Michelle Scala, D.M.D., P.A.
(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: Shepherd Frenchman
Name (Printed or typed)

1805 Bayshore Gardens Pkwy
Address

Bradenton, FL. 34207
City, State & Zip

941-730-1870
Daytime Telephone number

sfrenchman@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME
The name of the corporation shall be: Michelle Scala, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address:
11331 Rivers Bluff Cir.
Bradenton, FL 34202

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Dental Office

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Michelle Scala, President
Address: 11331 Rivers Bluff Cir
Bradenton, FL 34202
250 shares

Name and Title: Dr. Shepherd Frenchman, Secretary
Address: 11331 Rivers Bluff Cir.
Bradenton, FL 34202
250 shares

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

(cont.)

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: Michelle Scala

Address: 11331 Rivers Bluff Cir.

Bradenton, FL 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shepherd Frenchman

Address: 1805 Bayshore Gardens Pkwy

Bradenton, FL 34207

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

Michelle Scala 4/17/13

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.

S. Frenchman 6/17/13

Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA