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(Business Entity Name)

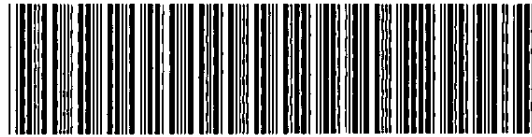
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DATE: 02-14-14

NAME: EDISON MALL DENTAL, P.A.

TYPE OF FILING: ARTICLES OF INCORPORATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

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

SUBJECT: Edison Mall Dental, 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: Ross Krasnov, DDS

Name (Printed or typed)

17555 Collins Avenue, Suite 2401

Address

Sunny Isles Beach, Florida 33160

City, State & Zip

917-902-9515

Daytime Telephone number

rkrasnov@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: Edison Mall Dental, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

Mailing address, if different is:

4125 Cleveland Avenue

Suite #1430

Fort Myers FL 33901

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: professional association - dental

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ross Krasnov, DDS, President

Name and Title: _____

Address 17555 Collins Avenue, Suite 2401

Address: _____

Sunny Isles Beach, Florida 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

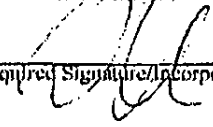
Name: Ross Krasnov, DDS
Address: 17555 Collins Avenue, Suite 2401
Sunny Isles Beach, Florida 33160

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


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.


Required Signature/Incorporator

1/25/14
Date