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SECRETARY OF STATE
DIVISION OF CORPORATION
05 FEB 24 AM 11:59

DB 2/6

TRANSMITTAL LETTER

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

SUBJECT: SouthEastern Mobile Dental Services, 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

ADDITIONAL COPY REQUIRED

FROM: Judy Jones

Name (Printed or typed)

9000 S. W. 152 Street suite 101

Address

Miami, Fla. 33157

City, State & Zip

615-300-8621

Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

05 FEB 24 AM 11: 59

ARTICLE I NAME

The name of the corporation shall be:

SouthEastern Mobile Dental Services, INC.

ARTICLE II PRINCIPAL OFFICE

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

9000 S.W. 152 Street Suite 101
Miami, Fla. 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide dental services for the indigent and underserved.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Qualifications with regard to experience

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Stephen Ezell, Don Wilson, Judy Jones
9000 S. W. 152 Street Suite 101
Miami, Fla 33157

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Judy Jones
9000 S. W. 152 Street Suite 101
Miami, Fla. 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judy Jones
9000 S. W. 152 Street Suite 101
Miami, Fla 33157

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.

Judy Jones
Signature/Registered Agent

2-17-05
Date

Judy Jones
Signature/Incorporator

2-17-05
Date