

NO7000005010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

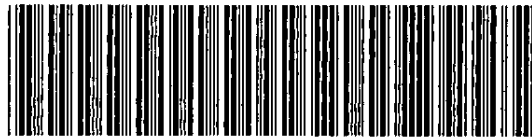
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400096020754

VOID
04/09/07 -01050--004 ##70.75

FILED
2007 MAY 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ref. 5-18

COVER LETTER

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

SUBJECT: B.A.D. - Blacks Awareness Of Dental Health 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: Lucretia Forney
Name (Printed or typed)

250 West Sample Road #A-216
Address

Pompano Beach, FL 33064
City, State & Zip

954-788-9857
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2007

LUCRETIA FORNEY
250 W. SAMPLE RD., #A-216
POMPANO BEACH, FL 33064

SUBJECT: B.A.D.-BLACKS AWARENESS OF DENTAL HEALTH INC.
Ref. Number: W07000017605

We have received your document for B.A.D.-BLACKS AWARENESS OF DENTAL HEALTH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 707A00024176



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

LUCRETIA FORNEY
250 W. SAMPLE RD., #A-216
POMPANO BEACH, FL 33064

SUBJECT: B.A.D.-BLACKS AWARENESS OF DENTAL HEALTH INC.
Ref. Number: W07000017605

Memo #: 75067-E

This letter is to inform you that your check number 225 for \$78.75, which was dated March 6, 2007 and submitted for B.A.D.-BLACKS AWARENESS OF DENTAL HEALTH INC. has been returned to us by your bank because of STOP PAYMENT.

We are notifying you because our records indicate that the paperwork for B.A.D.-BLACKS AWARENESS OF DENTAL HEALTH INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$93.75. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: CAROLYN LEWIS
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Melinda Lilliston
Administrative Assistant
Bureau of Commercial Recording



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2007

LUCRETIA FORNEY
250 W. SAMPLE RD., #A-216
POMPANO BEACH, FL 33064

SUBJECT: AWARENESS OF DENTAL HEALTH INC.
Ref. Number: W07000022752

This letter is to inform you that your check number 225 for \$78.75, which was dated March 6, 2007 and submitted for B.A.D. Blacks Awareness Of Dental Health Inc. has been returned to us by your bank because of STOP PAYMENT. If you send the document back to us to be filed, be sure to enclose a cashier's check or a money order in the amount of \$93.75. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes. When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the debit memo number. memo # 75067-E

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 707A00033083

Awareness of Dental Health

250 West Sample Rd. #A-216

Pompano Bch, Fl 33064

954-708-3748

May 3, 2007

Carolyn Lewis
Document Specialist
New Filing Section

SUBJECT: Awareness of Dental Health *Inc.*

Enclosed in this letter is a new Articles of Incorporation filled out to the proper manner as requested by your office. Excluding any acronyms that were present with a change in name as well. In this letter you will find an old copy of the letter you sent. The filing fees were already paid Check # 226 in the amount of \$78.75. Please re-file my articles accordingly with the changes made. If any questions please call 954-708-3748.

Thank you for your health,
Ms. Lucretia Forney – C.D.A.

COVER LETTER

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

SUBJECT: Awareness of Dental Health

(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

Already paid -
ADDITIONAL COPY REQUIRED

FROM: Lucretia Fomey
Name (Printed or typed)

250 West Sample Road #A-216
Address

Pompano Beach, FL 33064
City, State & Zip

954-708-3748
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

2007 MAY 17 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Awareness of Dental Health *Inc.*

ARTICLE II PRINCIPAL OFFICE

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

250 West Sample Rd. #A-216 Pompano Beach, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This non-profit organization is catered to educating ALL, primarily minorities in lower economical areas on the importance of their oral health care needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be chosen at the manner of when they are needed. Proper screening of the applicant and thorough information of the organizations mission will be explained to the potential board director. They will have to choice to want to serve as a representative for the organization.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Lucretia Forney, 250 West Sample Road #A-216, Pompano Beach, FL 33064 - CEO

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lucretia Forney 250 West Sample Rd. #A-216, Pompano Bch, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lucretia Forney 250 West Sample Rd. #A-216, Pompano Bch, FL 33064

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.

Lucretia Forney

Signature/Registered Agent

5/3/07



Date

Lucretia Forney

Signature/Incorporator

5/3/07

Date

LUCREITA FORNEY 1100 SW 6th Way Deerfield Beach, FL 33441		226 63-643/670 BRANCH 03044
DATE <u>3/21/07</u>		
PAY TO THE ORDER OF <u>Dept of State Division of Corp.</u>	<u>\$78.75</u>	
<u>Seventy-eight and 75/100</u>		DOLLARS 
 WACHOVIA Wachovia Bank, N.A. wachovia.com		
FOR <u>incorp-fee - Lucatia Forney</u>		

7/10/07

RECEIVED BY
 04/19/07
 3040135705

2353 30005

REQUEST 00002269991000000 78.75
 ROLL ECIA [REDACTED]
 JOB ECIA F [REDACTED]
 REQUESTOR Javesha Johnson

LUCREITA FORNEY
 250 WEST SAMPLE ROAD
 APT. A-216
 POMPANO BEACH FL 33064

per K.B.