

NO80000010353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

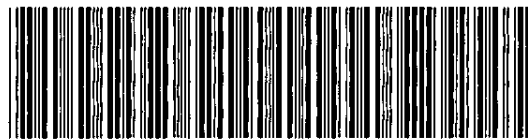
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/12/08--01007--003 \*\*70.00

RECEIVED

08 NOV 12 AM 10:01

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 NOV 12 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80-21-11  
ec

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*BOHANNON 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: \_\_\_\_\_

*ERRI SAUNDERS*

Name (Printed or typed)

*2001 Old St. Augustine Rd, #G206*

Address

*TALLAHASSEE, FL 32301*

City, State & Zip

*850 222-1483*

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

/ WILL NOT REVOKE THE  
DISSOLUTION OF BOTTMANSON INC.  
PO1000071115.

A. Samuel  
11/12/2008

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

**ARTICLE I NAME**

The name of the corporation shall be:

*Bethannon Inc*

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TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

*2001 Old St. Augustine Rd APT G206  
TALLAHASSEE, FL 32301*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO OPERATE A LOW-INCOME DENTAL CENTER  
TO RETAIL MEDICAL PRODUCTS*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*AS STATED IN THE BY-LAWS.*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

*ERROL SAMUERS, 2001 Old St. Augustine Rd, TALLAHASSEE FL 32301  
ANDREY SAMUERS 2001 Old St. Augustine Rd, TALLAHASSEE, FL 32301  
JUANITA ROSS, 1700 HALSTEAD BLVD, TALLAHASSEE, FL 32309*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*ERROL SAMUERS  
2001 Old St. Augustine Rd, APT G206, TALLAHASSEE FL 32301*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*ERROL SAMUERS  
2001 Old St. Augustine Rd, APT G206, TALLAHASSEE, FL 32301*

\*\*\*\*\*  
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.

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*11/12/2008*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*11/12/2008*  
\_\_\_\_\_  
Date