

N13000002242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

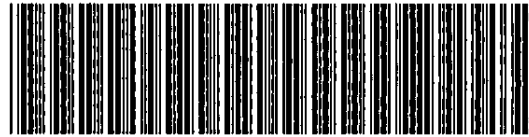
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAR -8 AM 11:04

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COVER LETTER

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

SUBJECT: Pinellas County Dental Hygienists' Association, 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: Danielle Dickinson
Name (Printed or typed)

5261 48th Terrace North
Address

St. Petersburg, FL 33709
City, State & Zip

727-475-0722
5261 48th Terrace North Phone number

dickinsond0166@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **Pinellas County Dental Hygienists' Association, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5261 48th Terrace North
St. Petersburg, FL 33709

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Pinellas County Dental Hygienists' Association, Inc. shall be to: Promote the oral health of the public, advance the art and science of dental hygiene, maintain highest standards of dental education and practice, represent and protect the interests of the dental hygiene profession, improve the professional competence of the dental hygienist, advocate research in oral health; and provide professional communications, all in a manner consistent with the Principles and Ethics of the profession.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The officers shall be elected annually by voice or ballot with a majority vote at the May meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danielle Dickinson, President
Address: 5261 48th Terrace North
St. Petersburg, FL 33709

Name and Title: Kim Donaldson, Vice-President
Address: 1476 Columbia Ave.
Palm Harbor, FL 34683

Name and Title: Rhonda Pickrum, Secretary
Address: 908 Cedarwood Dr.
Dunedin, FL 34698

Name and Title: Stephanie Colavita Mezei, Treasurer
Address: 10770 US Hwy 19 N. #604
Pinellas Park, FL 33782

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

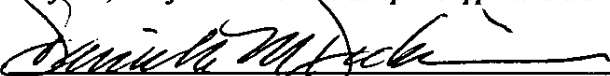
Name: Danielle Dickinson
Address: 5261 48th Terrace N.
St. Petersburg, FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen Hodge
Address: 539 8th St.
Palm Harbor, FL 34683

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 of Registered Agent

02/15/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

2-16-2013
Date

FILED
13 MAR - 8 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA