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COVER LETTER

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

SUBJECT: CHILDREN'S DENTAL HEALTH FOUNDATION, 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: Jolene Paramore
Name (Printed or typed)

2240 West 24th Street
Address

Panama City, FL 32405
City, State & Zip

850-238-0000
Daytime Telephone number

drparamore@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: CHILDREN'S DENTAL HEALTH FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2240 West 24th Street

Panama City, FL 32405

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create a Foundation to provide dental care for children.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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15 JAN 16 PM 3:32

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jolene Paramore
Address: 2240 West 24th Street
Panama City, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jolene Paramore
Address: 2240 West 24th Street
Panama City, FL 32405

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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

Jolene O. Paramore
Required Signature of Registered Agent

1/9/15
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.

Jolene O. Paramore
Required Signature of Incorporator

1/9/15
Date