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Derrick Thompson
10/26/20

COVER LETTER

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

SUBJECT: Operation Dental Hero 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: Jason Dale

Name (Printed or typed)

438 NE 2nd Ave

Address

Fort Lauderdale, FL 33301

City, State & Zip

954-683-8153

Daytime Telephone number

jasondale438@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: Operation Dental Hero Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
438 NE 2nd Ave

Mailing address, if different is:

Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To increase access to oral healthcare and provide health education to low income, uninsured persons and Medicaid recipients in South Florida to improve their quality of life. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the incorporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Dale, Director

Name and Title: _____

Address 438 NE 2nd Ave

Address: _____

Fort Lauderdale, FL 33301

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Jason Dale _____

Address: 438 NE 2nd Ave _____

Fort Lauderdale, FL 33301 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jason Dale _____

Address: 438 NE 2nd Ave _____

Fort Lauderdale, FL 33301 _____

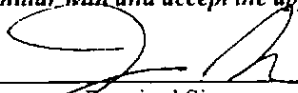
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 15, 2020 _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/29/2020

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

9/29/2020

Date

Non for profits:

Name: Operation Dental Hero

Our mission is to increase access to oral healthcare and provide health education to Medicaid recipients and to low income uninsured persons in South Florida. Our ultimate goal of improving their quality of life with improved health and wellbeing.