

PO2 00001209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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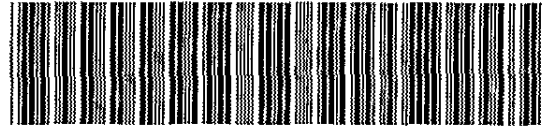
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Twilight Teeth, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Jerald L. Baughman
Name (Printed or typed)

104 Gum Street
Address

Altamonte Springs, FL 32714
City, State & Zip

407-474-4604
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Twilight Teeth, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*104 Gum Street
Altamonte Springs, FL 32714*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*a professional corporation to produce whitening
teeth mouthpieces.*

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*Jerald L. Baughman, President / Treasurer / Director
Susan D. Garcia, V P / Secretary / Director
104 Gum Street
Altamonte Springs, FL 32714*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Jerald L. Baughman
104 Gum Street
Altamonte Springs, FL 32714*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jerald L. Baughman
104 Gum Street
Altamonte Springs, FL 32714*

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/Registered Agent / INCORPORATOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-25-02
Date