

P03000007708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600010115396

01/22/03--01073--014 **70.00

RECEIVED
03 JAN 22 AM 11:33
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED
03 JAN 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MacroDont Solutions, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

MACRODONT SOLUTIONS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I-NAME

The name of the corporation shall be: MACRODONT SOLUTIONS, INC.

The principal place of business of this corporation shall be:
9535 Silver Lake Drive, Leesburg, FL 34788

ARTICLE II-NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLES III-CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 at \$1.00 par value.

ARTICLE IV-TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V-OFFICERS, DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

James P. Costello
9535 Silver Lake Drive
Leesburg, FL 34788

FILED
03 JAN 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

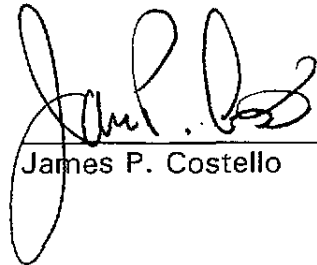
ARTICLE VI-INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) of this articles of incorporation is(are):

James P. Costello
9535 Silver Lake Drive
Leesburg, FL 34788

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17th day of January, 2003.

Signature(s) of Incorporator(s)


James P. Costello

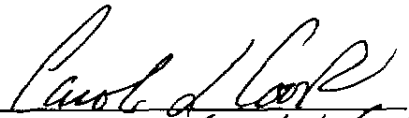
STATE OF FLORIDA
COUNTY OF LAKE

THE FOREGOING instrument was acknowledged before me this 17th day of January, 2003, by JAMES P. COSTELLO,

- ☒ who is personally known to me, or
☐ who has produced a Florida Drivers License as identification.



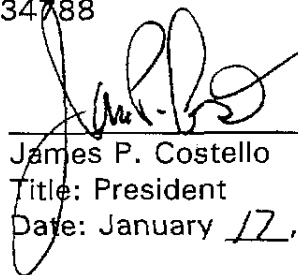
Carol L Cook
My Commission GC840563
Expires May 26, 2003


Notary Public - Carol L. Cook
State of Florida at Large
My Commission Expires: May 26, 2003

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

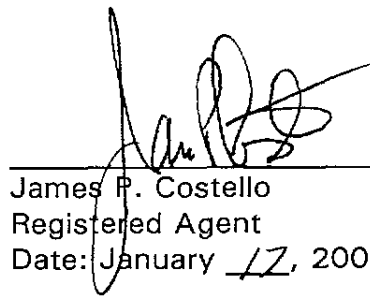
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MACRODONT SOLUTIONS, INC.
2. The name and address of the registered agent and office is:
James P. Costello
9535 Silver Lake Drive, Leesburg, FL 34788



James P. Costello
Title: President
Date: January 17, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.



James P. Costello
Registered Agent
Date: January 17, 2003

FILED
03 JAN 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA