

P03000011138

(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



400010383934

01/23/03--01035--002 **70.00

FILED
03 JAN 23 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Victorious Dental 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: _____

Name (Printed or typed)

LES GARDI, CPA

7061 S. TAMiami TRAIL

SARASOTA, FL 34231-5559

(941) 925-2099

City, State & Zip

Daytime Telephone number

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

FILED
03 JAN 23 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Victorious Dental Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3263 Beneva Rd #203 Sarasota FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Technician

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Pat Gregely
3263 Beneva Rd #203
Sarasota FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pat Gregely
3263 Beneva Rd #203
Sarasota FL 34232

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

Date

Signature/Incorporator

Date