

P03000063811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

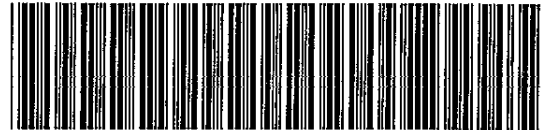
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SECRETARY OF STATE
FALL ARIZONA

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96/1

TRANSMITTAL LETTER

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

SUBJECT: DOUGLAS R. FABIANI & ASSOCIATES, DMD PA
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DOUGLAS R. FABIANI
Name (Printed or typed)

502 S. FREEMONT Ave #1516
Address

TAMPA FLA 33606
City, State & Zip

(813) 215-6555
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:

DOUGLAS R. FABIANI & ASSOCIATES, DMD PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

502 S. FREEMONT AVE #1516
TAMPA FLA 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DOUGLAS R. FABIANI, PRESIDENT/DIRECTOR
502 S. FREEMONT AVE #1516
TAMPA FLA 33606

ARTICLE VI REGISTERED AGENT

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

DOUGLAS R. FABIANI
502 S. FREEMONT AVE #1516
TAMPA FLA 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUGLAS R FABIANI
502 S. FREEMONT AVE #1516
TAMPA FLA 33606

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

5-28-03

Date



Signature/Incorporator

5-28-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA