

PD3000086088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

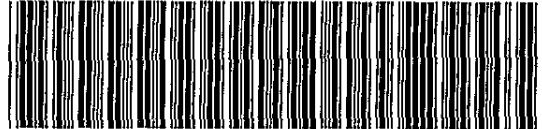
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: NORTHEAST FAMILY DENTISTRY RESOURCES, 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: AHMED M. BEDIER

Name (Printed or typed)

PO BOX 633

Address

ST. PETERSBURG, FL 33731

City, State & Zip

(727) 656-1351

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:

NORTHEAST FAMILY DENTISTRY RESOURCES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

280 37TH AVE. NORTH
ST. PETERSBURG, FL 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under chapter 607 of the Florida Statutes now existing, or as subsequently amended, as it relates to the dental/medical industry.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

AHMED M. BEDIER, PRESIDENT

ARTICLE VI REGISTERED AGENT

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

AHMED M. BEDIER
280 37TH AVE. NORTH
ST. PETERSBURG, FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AHMED M. BEDIER
PO BOX 633
ST. PETERSBURG, FL 33731

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

7/25/03

Date



Signature/Incorporator

7/25/03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA