

PD3000145315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

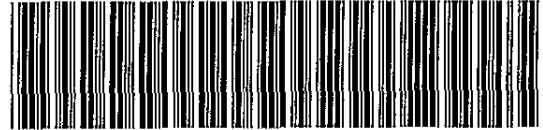
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Dunn Dental Lab, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Leroy R. Polite, DMD

Name (Printed or typed)

1680 Dunn Avenue, ste 31

Address

Jacksonville, Florida 32218

City, State & Zip

(904) 696-6767

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:

Dunn Dental Lab, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1680 Dunn avenue, Ste 31
Jacksonville, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform dental laboratory services.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leroy R. Polite DMD, President
8463 Concord Boulevard E.
Jacksonville, FL 32208

ARTICLE VI REGISTERED AGENT

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

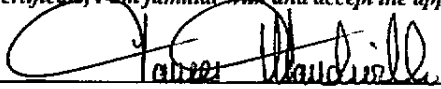
James A. Mandeville
4897 Jaybird Circle N.
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leroy R. Polite DMD
1680 Dunn Avenue, ste 31
Jacksonville, FL 32218

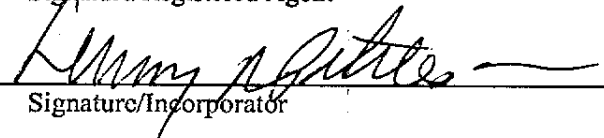
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/02/03

Date



Signature/Incorporator

12-2-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA