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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 PM 2:17

3-16-04

TRANSMITTAL LETTER

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

SUBJECT: Thomas Stakem, D.D.S., M.D., P.A.

(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: Thomas Stakem

Name (Printed or typed)

10961 Burnt Mill Rd. Apt. #936

Address

Jacksonville, FL 32256

City, State & Zip

904.564.9513

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)

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ARTICLE I NAME

The name of the corporation shall be:

Thomas Stakem, D.D.S., M.D., P.A.
Oral and Maxillofacial Surgery

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10961 Burnt Mill Rd. Apt. 936
Jacksonville, FI 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of Oral and Maxillofacial Sugery

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas Stakem	Gina Bello
10961 Burnt Mill Rd.	10961 Burnt Mill Rd.
Apt. 936	Apt. 936
Jacksonville, FI 32256	Jacksonville, FI 32256

ARTICLE VI REGISTERED AGENT

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

Thomas Stakem
10961 Burnt Mill Rd. Apt. #936
Jacksonville, FI 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Stakem
10961 Burnt Mill Rd. Apt. #936
Jacksonville, FI 32256

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

Signature/Incorporator

Date

Date