

POY 000123440

\_\_\_\_\_  
(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



400040447114

08/26/04--01015--012 \*\*78.75

FILED  
04 AUG 26 PM 3:37  
TALLAHASSEE, FLORIDA

TH 8/24/04

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

Ryan C. Taylor, D.D.S., M.S., 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  
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: \_\_\_\_\_

Ryan C. Taylor

Name (Printed or typed)

5550 Rosehill Rd. #201

Address

Sarasota, FL 34233

City, State & Zip

941 313 0798

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:

Ryan C. Taylor, D.D.S., M.S., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5550 Roschill Rd #201  
Sarasota, FL 34233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any lawful activity  
or business of a licensed dentist permitted under the laws of  
the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 shares at \$0.01/share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ryan C. Taylor, DDS, MS 5550 Roschill Rd #201 Sarasota, FL 34233  
- President  
- Secretary and  
- Treasurer

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ryan C. Taylor, DDS, MS  
5550 Roschill Rd #201  
Sarasota FL 34233

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ryan C. Taylor, DDS, MS  
5550 Roschill Rd #201  
Sarasota FL 34233

SECRET  
TALLAHASSEE, FLORIDA

04 AUG 26 PM 3:37

FILED

\*\*\*\*\*

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