

PO400015125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

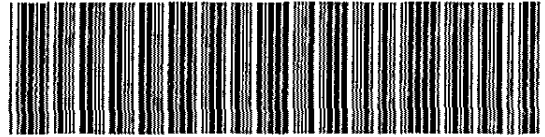
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800041843238

11/01/04--01010--013 **78.75

FILED
04 NOV - 1 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TA 11/4/04

TRANSMITTAL LETTER

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

SUBJECT: Robinson Dental Associates, P.A.C.
(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: PETER TATTERSALL
Name (Printed or typed)

333 N. FERNLEEK AVE
Address

ORLANDO, FL 32803
City, State & Zip

(407) 894-2272
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)

FILED

04 NOV -1 PM 4:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ROBINSON DENTAL ASSOCIATES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2122 E Robinson St.
Orlando, FL 32803-6047

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL PRACTICE

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):

LAWRENCE DUFFY
2122 E. ROBINSON STREET
ORLANDO, FL 32803-6047

ARTICLE VI REGISTERED AGENT

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

PETER TATTERSALL
333 N. FERNOCREEK AVE
ORLANDO, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER TATTERSALL
333 N. FERNOCREEK AVE
ORLANDO, FL 32803

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