

P05000131411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

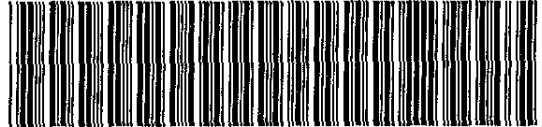
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 26 PM 1:54

FILED

COVER LETTER

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

SUBJECT: Bay Area Denture and Implant Center, 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: Roberto Bellegarrigue DMD
Name (Printed or typed)

311 S. Arrawana Ave. #1
Address

Tampa, Florida 33609
City, State & Zip

813-789-9091
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Bay Area Denture and Implant Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10057 Adamo Drive suite 106, Brandon, Florida 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Office

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roberto Bellegarrigue DMD - chief officer

ARTICLE VI REGISTERED AGENT

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

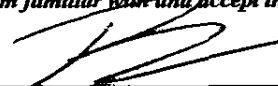
Roberto Bellegarrigue DMD. 311 S. Arrawana Ave #1, Tampa FL 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roberto Bellegarrigue DMS. 311 S. Arrawana Ave #1, Tampa FL 33609

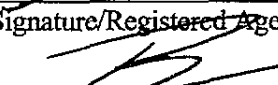
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date