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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 10 AM 8:18

MR  
2/16

## COVER LETTER

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

SUBJECT: Prosthodont 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: Jessica Lizana

Name (Printed or typed)

9202 NW 81th Place

Address

Tamarac, Florida 33321

City, State & Zip

954-720-1858

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607, F.S.

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**ARTICLE I NAME**

The name of the corporation shall be: **PROSTHODENT INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
9202 NW 81 Place, Tamarac, Florida 33321.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000. The par value of each share of stock is \$1.00.

**ARTICLE V OFFICERS/DIRECTORS**

The initial directors of the corporation are:

Jessica Lizana, 9202 NW 81 Place , Tamarac, Florida 33321

**ARTICLE VI REGISTERED AGENT**

The name and Florida Street address of the registered agent is: Jessica Lizana, 9202 NW 81 Place, Tamarac, Florida 33321. Located in the County of Broward.

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation: Jessica Lizana  
9202 NW 81 Place, Tamarac, Florida 33321.

\*\*\*\*\*

I hereby accept the appointment as registered agent and agree to act in this capacity.

Signature: \_\_\_\_\_

Jessica Lizana  
Incorporator

Date

02/07/06

Signature: \_\_\_\_\_

Date \_\_\_\_\_

The document was prepared by: PROSTHODENT INC, 9202 NW 81 PLACE , TAMARAC, Florida 33321. 954-720-1858