

P06000051896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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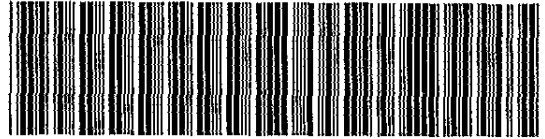
(Business Entity Name)

(Document Number)

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FILED
2006 APR 11 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 12 2006

COVER LETTER

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

SUBJECT: Premier Dental Laboratory, 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: Stephanie Pitts
Name (Printed or typed)

860 24th Ave N
Address

St Pete FL 33704
City, State & Zip

727-824-5601
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:

Premier Dental Laboratory, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9365 U.S. Highway 19 Unit A-3
Pinellas Park, FL 33782

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

dental laboratory

ARTICLE IV SHARES

The number of shares of stock is: 200 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sally Byers - 3215 11th St N St Pete FL 33704 - Vice President
Elizabeth Ashcraft - 3201 Melton St N St Pete FL 33704 - President

ARTICLE VI REGISTERED AGENT

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

Stephanie Pitts
860 24th Ave N
St Pete FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Ashcraft 3201 Melton St N St Pete
FL 33704

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

3/6/06
Date



Signature/Incorporator

4/5/06
Date

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TALLAHASSEE, FLORIDA