

PO 0000106182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

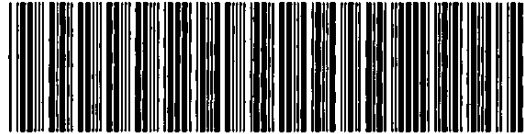
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 10:53

B. McKnight AUG 15 2006

COVER LETTER

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

SUBJECT: OraKare, 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: OraKare, Inc.

Name (Printed or typed)

3560 NW 53rd St

Address

Ft. Lauderdale, Fl 33309

City, State & Zip

1-877-748-8846

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:

OraKare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3560 NW 53rd St
Ft. Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturer of all natural products.

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):

Keith Benson
3560 NW 53rd St
Ft. Lauderdale, FL 33309
President

ARTICLE VI REGISTERED AGENT

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

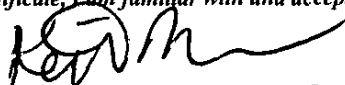
Keith Benson
3560 NW 53rd St
Ft. Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

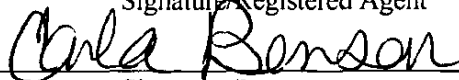
The name and address of the Incorporator is:

Carla Benson
3560 NW 53rd ST
Ft. Lauderdale, FL 33309

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



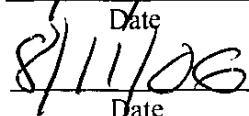
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 10:53