

PO0000128546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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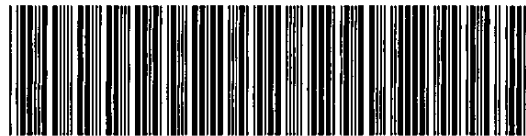
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 OCT -9 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf 10/10/00

COVER LETTER

FILED

06 OCT -9 AM 7:58

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: _____

Poppa Dent 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: _____

Charles & Vickie Couture
Name (Printed or typed)

P.O. Box 1399
Address

Ocklawaha, FL 32183
City, State & Zip

352-427-3016 (Vickie)
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:

Poppa Dent Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15740 S. US Hwy 441
Summerfield, FL. 34491

P.O. Box 889
Summerfield, FL. 34492

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate a business for Repair of Auto-(Small Nicks & Dents)

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):

Charles A. Couture - President
P.O. Box 1399
Ocklawaha, FL. 32183

Secretary/Treasurer
Vickie J. Couture
P.O. Box 1399
Ocklawaha, FL.
32183

ARTICLE VI REGISTERED AGENT

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

Charles A. Couture
15740 S. US Hwy 441
Summerfield, FL. 34491

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vickie J. Couture
P.O. Box 889
Summerfield, FL. 34492

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

Charles A. Couture

Signature/Registered Agent

Vickie J. Couture

Signature/Incorporator

10/3/06
Date

10/3/06
Date