

PO6000148956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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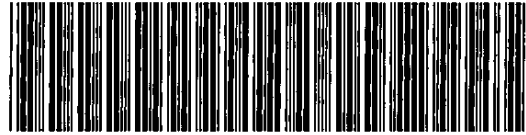
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 12-1

COVER LETTER

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

SUBJECT: ALL GOOD DENTAL COMPANY
(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: Kim Box
Name (Printed or typed)

170 SW Peacock Blvd 103
Address

PORT ST. LUCIE FL 34986
City, State & Zip

772 359 7499
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:

ALLGOOD DENTAL COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~10157 S Federal Hwy~~

mailling Address:

170 SW Peacock Blvd 103
PORT ST. LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful Activities or Business permitted under the laws of The United States, The State of Florida, or any Other state, country, Territory or Nation.

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares of common stock having no par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kim Box 170 SW Peacock Blvd 103 President
PORT ST. LUCIE FL 34986

ARTICLE VI REGISTERED AGENT

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

Kim Box 170 SW Peacock Blvd 103
PORT ST. LUCIE FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim Box 170 SW Peacock Blvd 103
PORT ST. LUCIE, FL 34986

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