

PO700087384977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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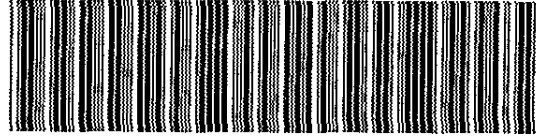
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

COVER LETTER

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

SUBJECT: KAREN C. REID DMD. P.A.
(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: KAREN C. REID
Name (Printed or typed)

4263 NW 29th WAY
Address

BOCA RATON, FL 33434
City, State & Zip

(561) 989 0664
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:

KAREN C REID DMD. P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4263 NW 29th Way
BOCA Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Office

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):

Karen C. Reid, President
4263 NW 29th Way
BOCA Raton, FL 33434

ARTICLE VI REGISTERED AGENT

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

Karen C. Reid
4263 NW 29th Way
BOCA Raton, FL 33434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karen C Reid
4263 NW 29th Way
BOCA Raton, FL 33434

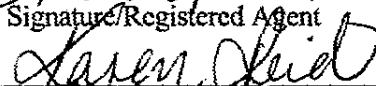
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-29-07

Date



Signature/Incorporator

1-29-07

Date

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TALLAHASSEE, FLORIDA