

P07000060202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

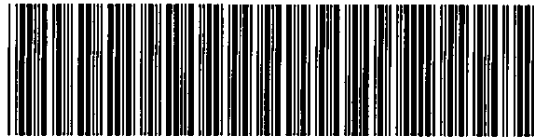
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAY 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 5-21

COVER LETTER

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

SUBJECT: Orsborn Orthodontics, 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: Khalil Orsborn

Name (Printed or typed)

8291 Dames Point Crossing Blvd Apt 1311

Address

Jacksonville, FL 32277

City, State & Zip

803 767-6501

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:

Orsborn Orthodontics, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8291 Dames Point Crossing Blvd, Apt 1311, Jacksonville, Fl 32277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Orthodontics practice

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):

Khalil Orsborn

8291 Dames Point Crossing Blvd, Apt 1311

Jacksonville, Fl 32277

ARTICLE VI REGISTERED AGENT

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

Khalil Orsborn

8291 Dames Point Crossing Blvd, Apt 1311

Jacksonville, Fl 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Khalil Orsborn

8291 Dames Point Crossing Blvd, Apt 1311

Jacksonville, Fl 32277

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

FILED
2007 MAY 21 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/17/07
Date
5/17/07
Date