

PD 7000093722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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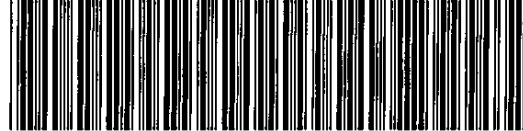
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: JEFFREY SKUPNY DMD P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

JEFFREY SKUPNY  
Name (Printed or typed)

1115 RESERVE COURT # 303  
Address

NAPLES, FLORIDA 34105  
City, State & Zip

352-246-3177  
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:

JEFFREY SKUPNY DMD P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1115 RESERVE COURT # 303  
NAPLES, FLORIDA 34105

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE DENTAL SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JEFFREY SKUPNY  
1115 RESERVE COURT # 303  
NAPLES, FLORIDA 34105

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ROGER MILLER  
223 DOLPHIN COVE COURT  
BONITA SPRINGS, FL. 34134

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEFFREY SKUPNY  
1115 RESERVE COURT # 303  
NAPLES FLORIDA 34105

\*\*\*\*\*

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA