

PO70000117044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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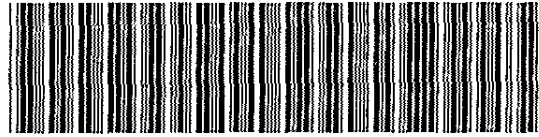
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BellaDent 32 Laboratory Corp.

(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: Bohdana Doig

Name (Printed or typed)

832 Cypress Avenue

Address

Venice, FL 34285

City, State & Zip

941-544-5666

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:

BellaDent 32 Laboratory Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

832 Cypress Ave.
Venice, FL 34285

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Bohdana Doig
832 Cypress Ave
Venice, FL 34285

Vice-President: Matthew Doig
832 Cypress Ave
Venice, FL 34285

ARTICLE VI REGISTERED AGENT

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

Matthew Doig
832 Cypress Ave
Venice, FL 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bohdana Doig
832 Cypress Ave
Venice, FL 34285

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

FILED
07 OCT 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA