

PO7000/23255

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(City/State/Zip/Phone #)

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07 NOV 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

11/14/07

COVER LETTER

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

DENT-TECH PDR, INC.

SUBJECT: _____
(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

ANDREW FREEDMAN

FROM: _____

Name (Printed or typed)

6760 10TH AVENUE TERRACE, SOUTH

Address

ST PETERSBURG, FLORIDA 33707

City, State & Zip

727-481-5922

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DENT-TECH PDR, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6760 10TH AVENUE TERRACE, SOUTH
ST. PETERSBURG, FLORIDA 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTO BODY WORK

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

ANDREW FREEDMAN
6760 10TH AVENUE TERRACE, SOUTH
ST. PETERSBURG, FLORIDA 33707

ARTICLE VI REGISTERED AGENT

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

ANDREW FREEDMAN
6760 10TH AVENUE TERRACE, SOUTH
ST. PETERSBURG, FLORIDA 33707

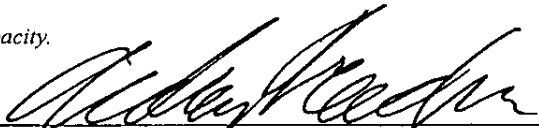
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

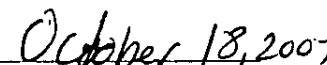
ANDREW FREEDMAN
6760 10TH AVENUE TERRACE, SOUTH
ST. PETERSBURG, FLORIDA 33707

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.



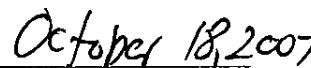
Signature/Registered Agent



Date



Signature/Incorporator



Date