

PO800000 4417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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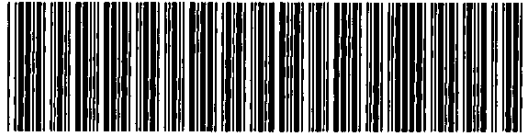
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 JAN 14 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Natural White Smile Incorporated

(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: David Vermeulen

Name (Printed or typed)

169 South Beach Dr.

Address

St. Augustine, FL 32084

City, State & Zip

904.537.3457

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:

Natural White Smile Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

169 South Beach Dr.

St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teeth whitening service

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Vermeulen, President

169 South Beach Dr.

St. Augustine, FL 32084

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ARTICLE VI REGISTERED AGENT

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

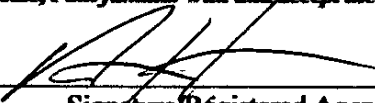
David Vermeulen
169 South Beach Dr.
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Vermeulen
169 South Beach Dr.
St. Augustine, FL 32084

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

1/10/08

Date



Signature/Incorporator

1/10/08

Date

2008 JAN 14 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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