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08 MAR 14 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: Hanson Endodontics, PA
(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: Shane R. Hanson
Name (Printed or typed)

5195 Whitehurst Lane
Address

Crestview, FL 32536
City, State & Zip

(850) 689-1382
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Articles of Incorporation

Article I-Name:

The name of the corporation shall be "Hanson Endodontics, PA"

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Article II-Principal Office:

The principal place of business is 838 W. James Lee Blvd, Crestview, FL 32536.

The mailing address is 5195 Whitehurst Lane, Crestview, FL 32536

Article III-Purpose:

The purpose for which the corporation is organized is to practice Dental Medicine.

Article IV-Shares:

The number of shares of stock is 100 (one hundred). All shares of stock are owed by Dr. Shane Robert Hanson, DMD; FL Dental license DN17872.

Article V-Initial Officers:

Owner/Chief Executive Officer: Shane Robert Hanson, DMD
5195 Whitehurst Lane
Crestview, FL 32536

Article VI-Registered Agent:

The name and address of the registered agent is
Shane Robert Hanson, DMD
5195 Whitehurst Lane
Crestview, FL 32536

Article VII-Incorporator:

The name and address of the Incorporator is:
Shane Robert Hanson, DMD
5195 Whitehurst Lane
Crestview, FL 32536

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.



Shane Robert Hanson, DMD / Registered Agent and Incorporator

12 Mar 08
Date