

208000037641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200123028972

04/14/08--01042--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 14 PM 12:50

FILED

J. Shivers APR 14 2007

COVER LETTER

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

SUBJECT: DENTURES 24/7 INC.

(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: JESSICA IOLE

Name (Printed or typed)

2529 NW 49 TERRACE

Address

COCONUT CREEK FL 33063

City, State & Zip

754-368-2080

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 14 PM 12:50

FILED

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:

Dentures 24/7 INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2900 WEST SAMPLE ROAD BOOTH 1525
POMPANO BEACH FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTURE REPAIRS

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JESSICA IOLE President, Vice President, Treasurer & Secretary
2925 NW 49 TERRACE
COCONUT CREEK FL 33063

ROBERT HOLTZ D.M.D OFFICER
22245 MARTELLA AVE

BOCA RATON FL 33432

ARTICLE VI REGISTERED AGENT

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

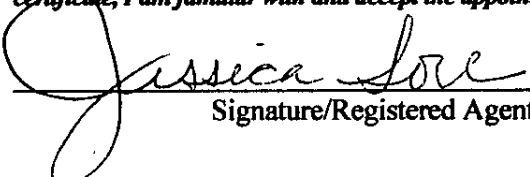
JESSICA IOLE
2925 NW 49 TERRACE
COCONUT CREEK FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JESSICA IOLE
2925 NW 49 TERRACE
COCONUT CREEK FL 33063

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 / Incorporator

04/10/08

Date

Signature/Incorporator

Date

FILED
2008 APR 14 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA