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08 JUN 12 PM 1:55

5/12/08

COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 12 PM 1:55

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

SUBJECT: Tiffany M. Peterson, DDS, P.A.

(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: Tiffany M. Peterson

Name (Printed or typed)

16266 Sierra Palms Dr.

Address

Delray Beach, FL 33484

City, State & Zip

734-658-5720

Daytime Telephone number

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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:

Tiffany M. Peterson, DDS, P.A.

ARTICLE II PRINCIPAL OFFICE

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

16266 Sierra Palms Dr.
Delray Beach, FL 33484

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tiffany M. Peterson, President
16266 Sierra Palms Dr.
Delray Beach, FL 33484

ARTICLE VI REGISTERED AGENT

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

Donald G. Peterson
16266 Sierra Palms Dr.
Delray Beach, FL 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tiffany M. Peterson
16266 Sierra Palms Dr.
Delray Beach, FL 33484

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