

P08000060534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

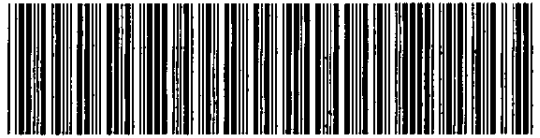
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Naples Cosmetic Dentistry Associates, 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: Kalamodeen Juman DDS
Name (Printed or typed)

16715 SW 10 Street
Address

Pembroke Pines Fl 33027
City, State & Zip

954-850-3058
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:

Naples Cosmetic Dentistry Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

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

16715 SW 10 STREET
PEMBROKE PINES FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFESSIONAL CORPORATION

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):

KALAMODEEN JUMAN PRESIDENT/CEO
SHERIFA JUMAN DIRECTOR
IMRAN JUMAN DIRECTOR
FEROZE JUMAN DIRECTOR

ARTICLE VI REGISTERED AGENT

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

16715 SW 10 STREET
PEMBROKE PINES FL 33027

Kalamodeen Juman

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KALAMODEEN JUMAN
16715 SW 10 STREET
PEMBROKE PINES FL 33027

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

JUNE 11, 2008

Date



Signature/Incorporator

JUNE 11, 2008

Date

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA