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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Atlantic Coast Handpiece Service, 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: Caroline J. Brown

Name (Printed or typed)

15686 - 82nd Terrace North

Address

Palm Beach Gardens, FL 33418

City, State & Zip

561-741-1830

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:

Atlantic Coast Handpiece Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15686 - 82nd Terrace North
Palm Beach Gardens, FL 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales, service and repair of dental handpieces

ARTICLE IV SHARES

The number of shares of stock is:

100 shares equal distribution

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Caroline J. Brown - President
15686 - 82nd Terrace North
Palm Beach Gardens, FL 33418

ARTICLE VI REGISTERED AGENT

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

Caroline J. Brown
15686 - 82nd Terrace North
Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Caroline J. Brown
15686 - 82nd Terrace North
Palm Beach Gardens, FL 33418

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



Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/5/08

Date

12/5/08

Date