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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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ZECRETARY OF STATE

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# **COVER LETTER**

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

| SUBJECT:                | Jared T. Ford, DDS, P.A.   |                                       |   |
|-------------------------|--|---------------------------------------|---|
|                         | (PROPOSED CORPORA  | TE NAME – <u>MUST INCL</u> I          | UDE SUFFIX)   |
| Enclosed are an orig    | inal and one (1) copy of the artic   | cles of incorporation and             | a check for:  |
| ☐ \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status   | ✓ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
|                         |  | ADDITIONAL CO                         | PY REQUIRED   |
|                         |  |                                       |   |
| FROM:                   | James Larry Nichols, Esquire  Name (Printed or typed)                                      |                                       |   |
|                         | 8191 College Parkway, #204   |                                       |   |
| _                       | Address  |                                       |   |
|                         | Fort Myers, FL 33919   |                                       |   |
| <del></del>             | City,  | State & Zip                           |   |
|                         | 239-433-1305   |                                       |   |
|                         | Daytime To   | elephone number                       |   |
| -                       | larry@Inicholslaw.com • E-mail address: (to be used for future annual report notification) |                                       |   |
|                         | E-man address: (to be used for future annual report nonneation)                            |                                       |   |

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

## **ARTICLES OF INCORPORATION**

FILED

OF

29 JUL 20 P 1: 48

JARED T. FORD, DDS, P.A.

SCORETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a professional association pursuant to Chapter 621, Florida Statutes, hereby adopts the following Articles of Incorporation.

#### ARTICLE I. NAME.

The name of this Professional Association shall be JARED T. FORD, DDS, P.A.

# ARTICLE II. COMMENCEMENT & DURATION.

The existence of this Professional Association will commence upon filing as provided by the laws of the State of Florida, and continue thereafter perpetually.

#### ARTICLE III. PRINCIPAL OFFICE.

The principal place of business of this Professional Association shall be 8550 Belle Meade Drive, Fort Myers, FL 33908, and its mailing address shall be 8550 Belle Meade Drive, Fort Myers, FL 33908.

#### ARTICLE IV. NATURE OF BUSINESS.

This Professional Association is being organized for the following purposes:

- A. To engage in the practice of dentistry as a professional dental corporation and to carry on services incident to the practice of dentistry.
- B. To own property, enter in to contracts, and to carry on any business necessary or incidental to the accomplishment of furtherance of the purposes or objects of this Professional Association.
- C. The professional services of this Professional Association shall be carried out only through its officers and directors, each of whom is a dentist.

## ARTICLE V. CAPITAL STOCK.

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is Seventy Five Hundred (7500) shares of common stock of the same class, each having a par value of one (\$1.00) dollar. The Shareholders of this Professional Association shall have no preemptive rights.

#### ARTICLE VI. REGISTERED AGENT & ADDRESS.

The name and mailing address of the initial registered agent is as follows:

James Larry Nichols 8191 College Parkway, Suite 205 Fort Myers, Florida 33919

and, the street address of the Professional Association's initial registered office is

8191 College Parkway, Suite 205 Fort Myers, Florida 33919

#### ARTICLE VII. INCORPORATOR.

This Professional Association has one incorporator whose name and address is as follows:

James Larry Nichols 8191 College Parkway, Suite 205 Fort Myers, Florida 33919

#### ARTICLE VIII. DIRECTORS.

The number of members of the Board of Directors of this Professional Association will be determined from time to time by the Shareholders, but shall never be less than one (1). It will, initially, have one (1) Director, whose name and street address is as follows:

Jared T. Ford, DDS 8550 Belle Meade Drive Fort Myers, FL 33908

THE UNDERSIGNED has executed these Articles of Incorporation this 17<sup>th</sup> day of July, 2009. Having been named Registered Agent, I hereby accept and am familiar with the obligations of being registered agent of this Professional Association, and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

James Larry Nichols,

Incorporator and Registered Agent

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