

P10000009265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

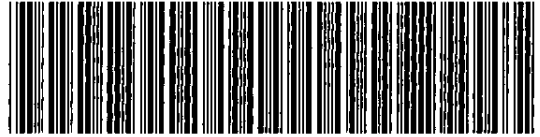
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/22/10--01019--014 \*\*78.75

SECRETARY OF STATE  
FALL ALASKA, ALASKA  
10 FEB - 1 PM 4:50

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2-1-10 ch

W10000003619

## COVER LETTER

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

SUBJECT: PRECISION DENTAL CORP. *Supplies corp*  
(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: NITIN T. BULSARA, CPA  
Name (Printed or typed)  
9 JUDY RESNIK DRIVE  
Address  
RANDOLPH, NJ 07869  
City, State & Zip  
973-895-0080  
Daytime Telephone number  
NITIN@NITINCPA.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2010

NITIN T. BULSARA CPA  
9 JUDY RESNIK DRIVE  
RANDOLPH, NJ 07869

SUBJECT: PRECISION DENTAL CORP.  
Ref. Number: W10000003679

We have received your document for PRECISION DENTAL CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 510A00001955



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2010

NITIN T. BULSARA CPA  
9 JUDY RESNIK DRIVE  
RANDOLPH, NJ 07869

SUBJECT: PRECISION DENTAL CORP.  
Ref. Number: W10000003679

FILED  
10 FEB - 1 PM 4: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PRECISION DENTAL CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 510A00001955

**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:

**PRECISION DENTAL SUPPLIES, CORP.****ARTICLE II PRINCIPAL OFFICE**The principal ~~street~~ address and mailing address, if different is:**717 NEUMANN VILLAGE CT  
OCOE, FL 34761****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**WHOLESALE / RETAIL SALES****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):

**WAZEER ALI, PRES.****717 NEUMANN VILLAGE CT OCOEE, FL 34761****ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:**WAZEER ALI****717 NEUMANN VILLAGE CT OCOEE, FL 34761****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:**NITIN T. BULSARA, CPA****9 JUDY RESNIK DRIVE RANDOLPH, NJ 07869**

\*\*\*\*\*  
 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

*X. Wazeer Ali*  
 \_\_\_\_\_  
 Signature/Registered Agent

*Nitin T. Bulsara*  
 \_\_\_\_\_  
 Signature/Incorporator

*1/19/10*  
 \_\_\_\_\_  
 Date  
*1/19/10*  
 \_\_\_\_\_  
 Date

FILED  
 10 FEB - 1 PM 4:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA