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(Requestor's Name)

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(City/State/Zip/Phone #)

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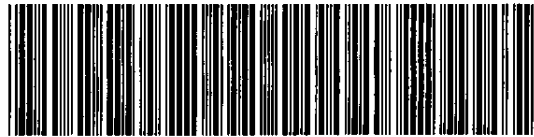
(Business Entity Name)

(Document Number)

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

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CLERK OF SUPERIOR COURT  
HALLAMSBEE, FLORIDA

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J. Shivers APR 12 2010

## COVER LETTER

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

**SUBJECT:** JM Dental, 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:** Joseph Adam Miller, III

Name (Printed or typed)

4238 S E 19th Place

Address

Cape Coral, FL 33904

City, State & Zip

239-339-3007

Daytime Telephone number

jamll77@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314  
APR 9 2010

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**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:

JM DENTAL, INC.

## **ARTICLE II PRINCIPAL OFFICE**

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

4238 SE 19 Place  
Cape Coral FL 33904

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DENTAL PROSTHESES MANUFACTURING

## **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):

JOSEPH A. MILLER  
4238 S.E. 19 PLACE  
CAPE CORAL, FL 33904

## **ARTICLE VI REGISTERED AGENT**

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

JOSEPH MILLER  
4238 S.E. 19 PLACE  
CAPE CORAL, FL 33904

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOSEPH A. MILLER  
4238 S.E. 19 PLACE  
CAPE CORAL, FL 33904

\*\*\*\*\*

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

Joseph A. Miller

Signature/Registered Agent

Joseph A. Miller

Signature/Incorporator

4-5-10

Date

4-5-10

Date

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