

P/0000032554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

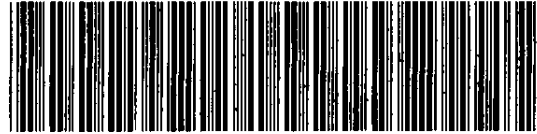
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2010 APR 14 P 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 15 2010
D.A. WHITE

COVER LETTER

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

SUBJECT: Morgan Dental Lab II, 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: Gene M. Morgan
Name (Printed or typed)

18209 Bly Ave.

Address

Port Charlotte, FL 33948

City, State & Zip

941-628-4466

Daytime Telephone number

mongandentalab@gmail.com

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

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:

Morgan Dental Lab II, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2595 Tamiami Trail Unit D

Port Charlotte, FL 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assemble and distribution of dental products

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):

Errol L. Morgan, Sr.	Gene M. Morgan	Donald L. Morgan
18209 Bly Ave	18209 Bly Ave	18209 Bly Ave.
Port Charlotte, FL 33948	Port Charlotte, FL 33948	Port Charlotte, FL 33948
President	Treasurer/Secretary	Vice President

ARTICLE VI REGISTERED AGENT

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

Errol L. Morgan, Sr.

18209 Bly Ave.

Port Charlotte, FL 33948

ARTICLE VII INCORPORATOR

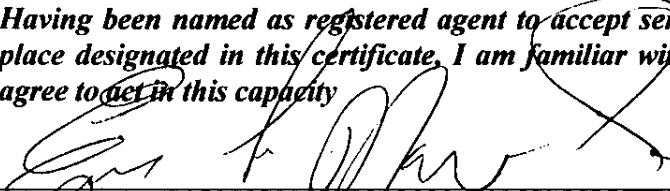
The name and address of the Incorporator is:

Gene M. Morgan

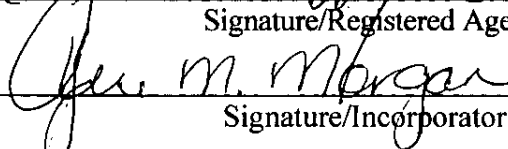
18209 Bly Ave.

Port Charlotte, FL 33948

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

4/11/2010

Date

4/11/2010

Date

FILED

2010 APR 14 P 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA