

P10000081207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

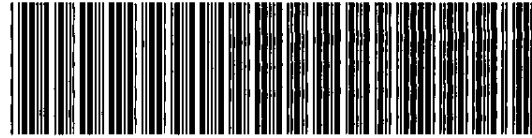
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TALLAHASSEE, FLORIDA

LETTERS OCT 06 2010

COVER LETTER

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

SUBJECT: 24/ 7 Urgent Dental Care, PA.

(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: Jackie C Johns, DMD

Name (Printed or typed)

8136 Okeechobee Blvd. Suite B

Address

West Palm Beach, Florida

City, State & Zip

1-877-683-0990

Daytime Telephone number

jackiejohns777@gmail.com

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

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

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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:

24/ 7 Urgent Dental Care, PA.

ARTICLE II PRINCIPAL OFFICE

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

8136 Okeechobee Blvd, Suite B

West Palm Beach, Florida 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dentistry

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):

Jackie C Johns, DMD Gina D Dean, DDS
8136 Okeechobee Blvd 1900 Nebraska Ave
Suite B, West Palm Suite 6 Fort Pierce,
Beach FL 33407 Pres FL 34950 Treas

ARTICLE VI REGISTERED AGENT

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

Jackie C Johns, DMD

8136 Okeechobee Blvd. Suite B

West Palm Beach , Florida 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jackie C. Johns, DMD

8136 Okeechobee Blvd. Suite B

West Palm Beach, Florida 33407

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

Date

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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