

P10000097950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300188246203

12/02/10--01010--009 **78.75

FILED
2010 DEC -2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 03 2010

COVER LETTER

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

SUBJECT: MONICA TABBITA DDS.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: MONICA TABBITA DDS.PA.
Name (Printed or typed)
3324 DANDOLO CIRCLE
Address
CAPE CORAL, FL 33909
City, State & Zip
(305) 803-2962
Daytime Telephone number
vcacctng@bellsouth.net
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE FLORIDA

2010 DEC -2 AM 10:40

FILED

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: MONICA TABBITA DDS.P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3324 Dandolo Circle
Cape Coral, FL 33909

Mailing address, if different is:
3324 Dandolo Circle
Cape Coral, FL 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Tabbita - President Name and Title: _____
Address: 3324 Dandolo Circle Address: _____
Cape Coral, FL 33909

Name and Title: Monica Tabbita-Vice President Name and Title: _____
Address: 3324 Dandolo Circle Address: _____
Cape Coral, FL 33909

Name and Title: Monica Tabbita-Treasury Name and Title: _____
Address: 3324 Dandolo Circle Address: _____
Cape Coral, FL 33909

ARTICLE VI REGISTERED AGENT

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

Name: Monica Tabbita
Address: 3324 Dandolo Circle
Cape Coral, FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Tabbita
Address: 3324 Dandolo Circle
Cape Coral, FL 33909

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]
Required Signature/Registered Agent

11/20/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

11/20/10
Date

FILED
2010 DEC -2 AM 10:40
TALLAHASSEE, FLORIDA

Monica Tabbita DDS, PA.

3324 Dandolo Circle – Cape Coral, FL 33909 • Telephone: (305) 803-2962

November 12, 2010

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

To Whom It May Concern:

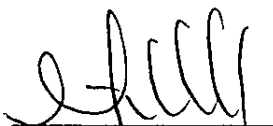
Hereby we would like to inform you that we will not reinstate the following corporation:

Monica Tabbita DDS, PA.

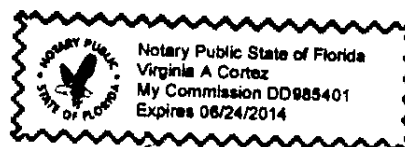
Document Number: P08000061181

If you have any questions or need additional information, do not hesitate to contact me at (305) 803-2962.

Sincerely,



Monica Tabbita
President



Virginia A. Cortez
State of Florida
Dade County
11/12/10