

P10000103552

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(Business Entity Name)

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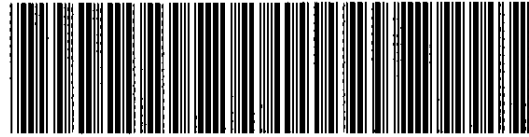
Special Instructions to Filing Officer:

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Incorporation

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2010 DEC 23 A 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: JCP Dental, C o.

(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: Julio Cesar Paulino

Name (Printed or typed)

1 A Country Club D r.

Address

New Smyrna Beach, FL. 32168

City, State & Zip

386 320 2809

Daytime Telephone number

jcpdental@msn.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



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10 DEC 23 AM 11:14

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 10, 2010

JULIO CESAR PAULINO  
1 A COUNTRY CLUB DR  
NEW SMYRNA BEACH, FL 32168

SUBJECT: JCP DENTAL,C O.  
Ref. Number: W10000052555

We have received your document for JCP DENTAL,C O. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your corporate word in your name is Co you must remove the space from between the C and the O.

Please return 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) 245-6913.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 310A00026436

**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: JCP Dental, Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1A country club dr.  
new smyrna beach, FL 32168

Mailing address, if different is:

Same as..  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Sales & Service, General Repair at Dental Offices.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Julio Cesar Paulino/ Director  
Address: 1A Country Club Dr.  
New Smyrna Beach, FL 32168

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Julio Cesar Paulino  
Address: 1A Country Club Dr  
New Smyrna Beach, FL 32168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julio Cesar Paulino  
Address: 1A Country Club Dr  
New Smyrna Beach, FL 32168

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TALLAHASSEE, FLORIDA

*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*

\_\_\_\_\_  
*Julio Cesar Paulino*  
Required Signature/Registered Agent

12/20/10  
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.*

\_\_\_\_\_  
*Julio Cesar Paulino*  
Required Signature/Incorporator

12/20/10  
Date