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COVER LETTER

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

SUBJECT: Hurd 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: Hurd Dental, Inc

Name (Printed or typed)

1463 Pinehurst Road

Address

Dunedin, FL 34698

City, State & Zip

727 733-1004

Daytime Telephone number

tedfcpa@aol.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:

Hurd Dental, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1463 Pinehurst Road

Dunedin, FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dentist Office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard M Hurd, DDS P.S.T

Address: 1463 Pinehurst Road

Dunedin, FL 34698

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Ted L Freidinger

Address: 1114 Florida Ave, Suite B

Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ted L Freidinger

Address: 1114 Florida Ave, Suite B

Palm Harbor, FL 34683

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

Ted L Freidinger
Required Signature/Registered Agent

3/15/11
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.

Ted L Freidinger
Required Signature/Incorporator

3/15/11
Date