

P11000034768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W11-17384

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03/24/11--01006--004 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR - 7 PM 12:35

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Special Designs Dental Laboratory, 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: Stella Iglesias
Name (Printed or typed)

10960 S.W. 73 Terrace
Address

Miami, Fl. 33173
City, State & Zip

786-253-2424
Daytime Telephone number

stelly0921@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2011

STELLA IGLESIAS
10960 S.W. 73 TERRACE
MIAMI, FL 33173

SUBJECT: SPECIAL DESIGNS DENTAL LABORATORY, INC.
Ref. Number: W11000017384

We have received your document for SPECIAL DESIGNS DENTAL LABORATORY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 911A00007464

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME Special Designs Dental Laboratory, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
10960 S.W. 73 Terrace
Miami, FL 33173

11 APR -7 PM 12:35
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Dental Laboratory

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Stella Iglesias President</u>	Name and Title: _____
Address: <u>10960 S.W. 73 Terrace</u>	Address: _____
<u>Miami, FL 33173</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Stella Iglesias
Address: 10960 S.W. 73 Terrace
Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stella Iglesias
Address: 10960 S.W. 73 Terrace
Miami, FL 33173

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

Stella Iglesias STELLA IGLESIAS
Required Signature/Registered Agent

03-22-11
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.

Stella Iglesias STELLA IGLESIAS
Required Signature/Incorporator

03-22-11
Date