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COVER LETTER

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

SUBJECT: 24/7 urgent dental care referral service, P.A.
(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: dr jackie costello johns
Name (Printed or typed)

8136 Okeechobee blvd suiteB
Address

west palm beach, florida 33411
City, State & Zip

561-683-0990
Daytime Telephone number

247udcreferralservice@gmail.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

24/7 urgent dental care referral service, pa
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8136 okeechobee blvd suite B
West Palm Beach, Florida 33411

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support patient in distress caused by dental pain and other emergency problem to get 24 hours immediate care state and eventually nationwide.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>dr jackie c johns</u>	Name and Title: _____
Address: <u>8136 okeechobee blvd suite B</u>	Address: _____
<u>West Palm Beach, fla 33411</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:

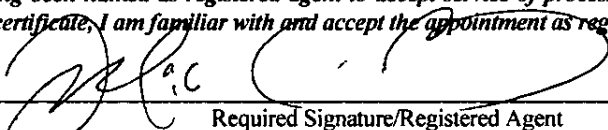
Name: Dr jackie c johns
Address: 8136 okeechobee blvd suite B
west palm beach, fla 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr jackie c johns
Address: 8136 okeechobee Blvd suite B
west palm beach, fla 33411

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

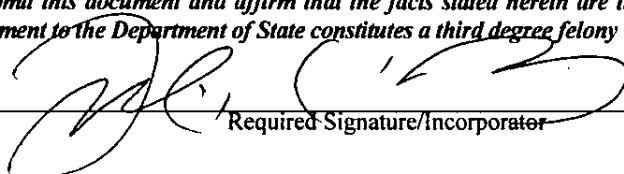


Required Signature/Registered Agent

7-1-11

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.



Required Signature/Incorporator

7-1-11

Date