

P11000075709

(Requestor's Name)

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(Address)

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W11-42964

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 24 AM 9:31

mm 8/25/11

## COVER LETTER

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

SUBJECT: Advanced Ortho Design, 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: Aaron Cohen

Name (Printed or typed)

5021 Prairie Dunes Village Circle

Address

Lake Worth, FL 33463

City, State & Zip

561.703.9667

Daytime Telephone number

aaroncohen79@gmail.com

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

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



RECEIVED

11 AUG 24 AM 11:53

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2011

AARON COHEN  
5021 PRAIRIE DUNES VILLAGES CIRCLE  
LAKE WORTH, FL 33463

SUBJECT: ADVANCED ORTHO DESIGN, INC.  
Ref. Number: W11000042964

We have received your document for ADVANCED ORTHO DESIGN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00019299

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

Advanced Ortho Design, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5021 Prairie Dunes Village Cir  
Lake Worth, FL 33463

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to market, sell and distribute orthodontic products

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title:	Morton Cohen President & Secretary	Name and Title:	
Address:	8323 Twitchell Rd elkins Park, PA 19027	Address:	

Name and Title:	Aaron Cohen V.P. & treasurer	Name and Title:	
Address:	5021 Prairie Dunes Village Cir Lake Worth, FL 33463	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: Aaron Cohen  
Address: 5021 Prairie Dunes Village Cir  
Lake Worth, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aaron Cohen  
Address: 5021 Prairie Dunes Village Cir  
Lake Worth, FL 33463

*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*

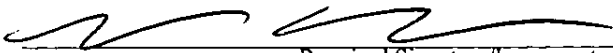


Required Signature/Registered Agent

8.4.2011

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

08.04.2011

Date

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