

P11000092555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

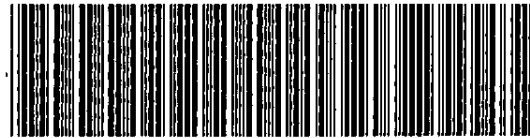
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/24

COVER LETTER

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

SUBJECT: QUICK FIX DENTURE REPAIR, 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: Gwendolyn M. Ervin

Name (Printed or typed)

1863 West 44th Street

Address

Jacksonville, FL 32209

City, State & Zip

1-877-888-6610

Daytime Telephone number

Quickrepairkit@yahoo.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: QUICK FIX DENTURE REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1863 West 44th Street
Jacksonville, FL 32209

Mailing address, if different is:

PO Box 2058
Jacksonville, FL 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Production of a denture repair product and service.

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gwendolyn Ervin, President
Address: 1855 West 44th Street
Jacksonville, FL 32209

Name and Title: _____
Address: _____

Name and Title: Danyuell Newkirk, Chief Financial Officer
Address: PO Box 15068
Jacksonville, FL 32239

Name and Title: _____
Address: _____

Name and Title: Dr. Murphy C. Nmezi, Director of Operations
Address: 1101 N. Mountain View Ave. #D21
Tacoma, WA 98406

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: Gwendolyn Ervin
Address: 1855 West 44th Street
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Danyuell Newkirk
Address: PO Box 15068
Jacksonville, FL 32239

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

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

Date

FILED
11 OCT 21 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/18/11
Date