

P11000101173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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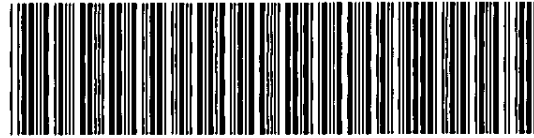
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOV 28 PM 3:56
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
11 NOV 28 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FL 32399

VH

COVER LETTER

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

SUBJECT: Summit Dental Lab, 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: Steven L. Trimble
Name (Printed or typed)

2544 Capital Medical Boulevard
Address

Tallahassee, Florida 32308
City, State & Zip

(850) 422-1042
Daytime Telephone number

Richard@RAGloverCPA.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: Summit Dental Lab, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2544 Capital Medical Boulevard
Tallahassee, Florida 32308

Mailing address, if different is:
2544 Capital Medical Boulevard
Tallahassee, Florida 32308
RECEIVED BY STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
dental laboratory

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven L. Trimble, President	Name and Title: _____
Address: 2544 Capital Medical Boulevard	Address: _____
Tallahassee, Florida 32308	_____
_____	_____

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: Steven L. Trimble
Address: 2544 Capital Medical Boulevard
Tallahassee, Florida 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

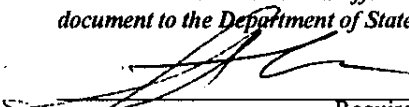
Name: Steven L. Trimble
Address: 2544 Capital Medical Boulevard
Tallahassee, Florida 32308

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

11-28-11
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

11-28-11
Date