

P1000108408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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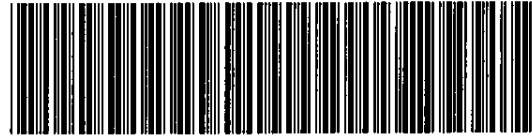
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 AM 11:28

PS 12/28/11

COVER LETTER

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

SUBJECT: New Age Mobile Dental Management, 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: Steve Leykind

Name (Printed or typed)

1945 S. Ocean Dr. #703

Address

Hallandale Beach, FL 33009

City, State & Zip

718-669-8297

Daytime Telephone number

steve19042000@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME New Age Mobile Dental Management, Inc.
The name of the corporation shall be:

11 DEC 27 AM 11:28

ARTICLE II PRINCIPAL OFFICE

Principal street address
1945 S. Ocean Dr. #703
Hallandale Beach, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Management company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Leykind, CEO
Address: 1945 S. Ocean Dr. #703
Hallandale Beach, FL 33009

Name and Title: Anatoly Shklyar, Director
Address: 429 E. Park Ave
Long Beach, FL 11561

Name and Title: Leon Batkilin, Director
Address: 500 Three Islands Blvd. #717
Hallandale Beach, FL 33009

Name and Title: Albert Shklyar, Director
Address: 165 W. Walnut St
Long Beach, NY 11561

Name and Title: Felix Nedler, Director
Address: 18911 Collins Ave #2203
Sunny Isles, FL 33160

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

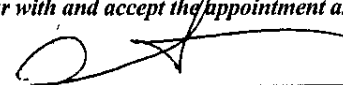
Name: Steve Leykind
Address: 1945 S. Ocean Dr. #703
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steve Leykind
Address: 1945 S. Ocean Dr. #703
Hallandale Beach, FL 33009


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

12/20/11

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

12/20/11

Date