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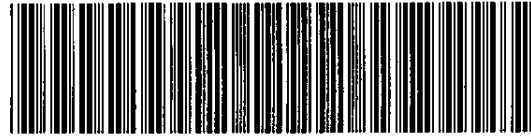
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Children's Hospital Dentistry, 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: Dr. Burt Jordan

Name (Printed or typed)

9751 E. Bay Harbor Dr., #1204

Address

Miami, FL 33154

City, State & Zip

561-685-7020

Daytime Telephone number

hospitaldentistry@atlanticbb.net

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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 Children's Hospital Dentistry, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
9751 E. Bay Harbor Dr.
#1204
Miami, FL 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Dental procedures

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Burt Jordan
Address: 9751 E. Bay Harbor Dr.
#1204
Miami, FL 33154

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Donald Kahn Esq.
Address: 317 71st St, Miami Bch, FL 33141
305-865-4311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Burt Jordan
Address: 9751 E. Bay Harbor Dr. #1204
Miami, FL 33154

Effective Date: JAN 1, 2012

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.

Dr. Burt Jordan

Required Signature/Incorporator

11/2/2011

Date

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TALLAHASSEE, FLORIDA