

P12000004292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

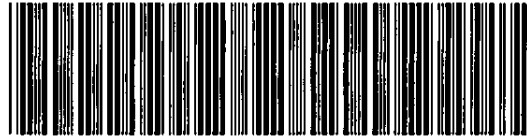
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Carol LeBeau GAVE
AUTHORIZATION BY PHONE TO
CORRECT Remove INC. from corporate
DATE 1/12/12 name
DOC. EXAM MRD

Office Use Only



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01/11/12--01015--004 **70.00

FILED

12 JAN 11 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD 1/12/12

COVER LETTER

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

SUBJECT: DRG PEARLY WHITES, PA, 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: CAROL L. LE BEAU
Name (Printed or typed)
4953 CASTELLO DR #200
Address
NAPLES FL 34103
City, State & Zip
239-262-3544
Daytime Telephone number
CHL TAX 1988 @ AOL 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: DOCTOR PEARLY WHITES, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11041 CORSIA TRIESTE WAY #103
BONITA SPRINGS, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BONNIE ALIYA RAE Name and Title: PRESIDENT
Address: 11041 CORSIA TRIESTE WAY Address: _____
BONITA SPRINGS FL 34135 _____

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: CAROL L. LEBEON
Address: 4953 CASTLE DR #200
NAPLES FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROL L. LEBEON
Address: 4953 CASTLE DR #200
NAPLES FL 34103

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

[Signature]
Required Signature/Registered Agent

1/3/2012
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.

[Signature]
Required Signature/Incorporator

1/3/2012
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA