

P12 000058924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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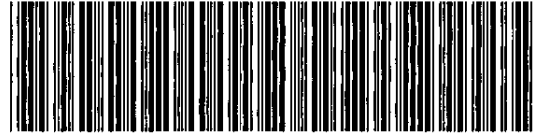
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL -2 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Cahill Dental Sales & Service, 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: Lisa K. Cahill

Name (Printed or typed)

4253 Dewey Dr.

Address

New Port Richey, Fl. 34652

City, State & Zip

727-842-3090

Daytime Telephone number

cahill dental@tampabay.rr.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: Cahill Dental Sales & Service, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
4253 Dewey Dr.
New Port Richey, Fl. 34652

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Sale of Dental Equipment & Repairs

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa K. Cahill President
Address: 4253 Dewey Dr.
New Port Richey, Fl. 34652

Name and Title: _____
Address: _____

Name and Title: Kevin M. Cahill Vice President
Address: 4253 Dewey Dr.
New Port Richey, Fl. 34652

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:

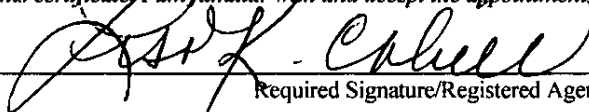
Name: Lisa K. Cahill
Address: 4253 Dewey Dr.
New Port Richey, Fl. 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

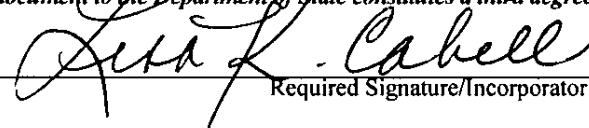
Name: Lisa K. Cahill
Address: 4253 Dewey Dr.
New Port Richey, Fl. 34652

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

June 29, 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.


Required Signature/Incorporator

June 29, 2012
Date