

P120000096132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

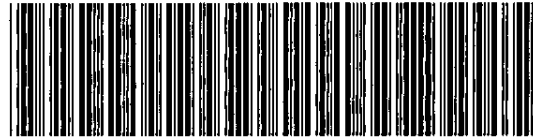
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/20

## COVER LETTER

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

SUBJECT: CSB Dental, 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: Charles S. Baldwin, DDS  
Name (Printed or typed)

5742 Aspen Ridge Circle  
Address

Delray Beach, FL 33484  
City, State & Zip

561-577-5086  
Daytime Telephone number

CSBdental@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)*

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TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

*The Name of the Corporation shall be: CSB DENTAL, INC.*

### **ARTICLE II PRINCIPLE OFFICE**

*Principal street address:*

*Points West Plaza  
5180 W. Atlantic Avenue  
Suite 119  
Delray Beach, Fl. 33484*

*Mailing address:*

*Dr. Charles S. Baldwin  
5742 Aspen Ridge Circle  
Delray Beach, Fl. 33484*

### **ARTICLE III PURPOSE**

*To Provide Quality Full Service Comprehensive General Dentistry To The Public.*

### **ARTICLE IV SHARES**

*The number of shares of stock is: 1000 COMMON SHARES*

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

*Name and Title: Charles S. Baldwin President & CEO*

*Address: 5742 Aspen Ridge Circle  
Delray Beach, Fl. 33484*

*Name and Title: Veralynn Baldwin Secretary & Treasurer*

*Address: 5742 Aspen Ridge Circle  
Delray Beach, Fl. 33484*

### **ARTICLE VI REGISTERED AGENT**

*The Name and Florida Street Address of Registered Agent is:*

*Name: Veralynn Baldwin*

*Address: 5742 Aspen Ridge Circle  
Delray Beach, Fl. 33484*

**ARTICLE VII INCORPORATOR**

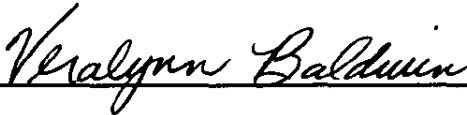
*The Name and Address of the Incorporator is:*

*Name: Charles S. Baldwin*

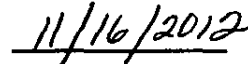
*Address: 5742 Aspen Ridge Circle  
Delray Beach, FL 33484*

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TALLAHASSEE, FLORIDA

**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.**



**Required Signature / Incorporator**



**Date**