

P1300005806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

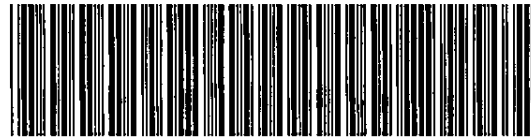
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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J. Stivers JAN 17 2013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

TOP CHOICE DENTISTRY P.A.

SUBJECT: _____
(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: Tahimara Perez

Name (Printed or typed)

816 Worthmore ave.

Address

Lake Worth, FL 33460

City, State & Zip

(561) 577-5647

Daytime Telephone number

tahimara2006@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)

ARTICLE I NAME

TOP CHOICE DENTISTRY P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

816 Worthmore ave.

Lake Worth, Fl. 33460

ARTICLE III PURPOSE

DENTIST, DMD

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

P

Name and Title:

TAHIMARA PEREZ

Name and Title:

Address

816 WORTHMORE AVE.

Address:

LAKE WORTH, FL. 33460

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TAHIMARA PEREZ

Name: _____

816 WORTHMORE AVE

Address: _____

LAKE WORTH, FL. 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TAHIMARA PEREZ

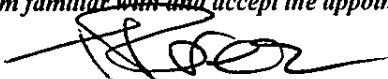
Name: _____

816 WORTHMORE AVE

Address: _____

LAKE WORTH, FL. 33460

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

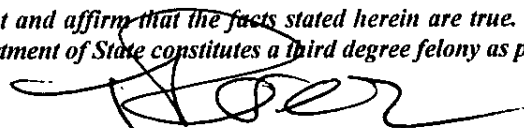


Required Signature/Registered Agent

1/10/2013

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

1/10/2013

Date

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TALLAHASSEE FLORIDA

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