

713000038238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

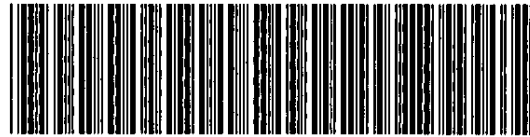
(Business Entity Name)

(Document Number)

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

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13 APR 26 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-22084  
167  
611  
2557  
J. Shivers APR 29 2013  
W13-22084



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2013

ANNA TABUS  
1427 MERES BLVD  
TARPON SPRINGS, FL 34689

SUBJECT: PRECISION FIT DENTAL LAB, INC.  
Ref. Number: W13000022088

We have received your document for PRECISION FIT DENTAL LAB, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00009003



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2013

ANNA TABUS  
1427 MERES BLVD  
TARPON SPRINGS, FL 34689

SUBJECT: PRECISION FIT DENTAL, INC.  
Ref. Number: W13000015236

We have received your document for PRECISION FIT DENTAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00006123

## COVER LETTER

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

SUBJECT: Precision Fit 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: Anna Tabus  
Name (Printed or typed)

1427 Meres Blvd  
Address

Tarpon Springs, FL 34689  
City, State & Zip

727-937-4836  
Daytime Telephone number

Precisionfitdental@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRET  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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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**

The name of the corporation shall be: Precision Fit Dental, <sup>Lab</sup> Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6421 Sheldon Rd  
Tampa, FL 33615

Mailing address, if different is:

1427 Meres Blvd  
Tarpon Springs, FL  
34689

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to fabricate dental  
prosthesis for dental professionals.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Edward Tabus Pres Name and Title: \_\_\_\_\_

Address: 1427 Meres Blvd Address: \_\_\_\_\_  
Tarpon Springs, FL  
34689

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECTION OF STATE  
TALLAHASSEE FLORIDA

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(conti.)

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: Linda Mailisand

Address: 500 Harmony Ln  
Tarpon Springs, FL 34689

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anna Tabus

Address: 1427 Meres Blvd  
Tarpon Springs, FL 34689

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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*

Linda Mailisand  
Required Signature/Registered Agent

4/24/2013  
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.*

Anna Tabus  
Required Signature/Incorporator

4/16/2013  
Date

Anna Tabus