P13000052521

JUN 17 2013 3:08PM CAPITAL CONNECTION Division of Corporations 4470

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000137403 3)))

H130001374033ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
13 JUN 17 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Michelle Scala, D.M.D., P.A.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$87.50

RECEIVED
13 JUN 17 PM 4:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

a 06/18/13

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: Michelle Scala, D.M.D., P.A.
(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: Shepherd Frenchman
Name (Printed or typed)

1805 Bayshore Gardens Pkwy
Address

Bradenton, FL. 34207
City, State & Zip

941-730-1870
Daytime Telephone number

sfrenchman@yahoo.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: Michelle Scala, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11331 Rivers Bluff Cir.
Bradenton, FL 34202

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Dental Office

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Michelle Scala, President
Address: 11331 Rivers Bluff Cir
Bradenton, FL 34202
250 shares

Name and Title: Dr. Shepherd Frenchman, Secretary
Address: 11331 Rivers Bluff Cir.
Bradenton, FL 34202
250 shares

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
13 JUN 17 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Michelle Scala

Address: 11331 Rivers Bluff Cir.
Bradenton, FL 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shepherd Frenchman

Address: 1805 Bayshore Gardens Pkwy
Bradenton, FL 34207

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

Michelle Scala — 6/17/13
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.

S. Frenchman — 6/17/13
Required Signature/Incorporator — Date

FILED
13 JUN 17 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA