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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 9/20/13

COVER LETTER

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

SUBJECT: Marina Bonaparte, DDS, 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: Marina Bonaparte, DDS

Name (Printed or typed)

4511 South Ocean Blvd., Apt. 1007

Address

Highland Beach, FL 33487

City, State & Zip

917-929-0026

Daytime Telephone number

mbonaparte29@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Marina Bonaparte, DDS, P.A.

13 SEP 17 AM 8:26

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4511 South Ocean Blvd.

Apt. 1007

Highland Beach, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the practice of dentistry

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marina Bonaparte - Pres.

Address: 4511 South Ocean Blvd.

Apt. 1007

Highland Beach, FL 33487

Name and Title: Marina Bonaparte - VP

Address: 4511 South Ocean Blvd.

Apt. 1007

Highland Beach, FL 33487

Name and Title: Marina Bonaparte - Sec.

Address: 4511 South Ocean Blvd.

Apt. 1007

Highland Beach, FL 33487

Name and Title: Marina Bonaparte - Treas.

Address: 4511 South Ocean Blvd.

Apt. 1007

Highland Beach, FL 33487

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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Name and Title: _____ Name and Title: **13 SEP 17 AM 8:26**
Address: _____ Address: **SECRETARY OF STATE**

_____ **TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marina Bonaparte, DDS
Address: 4511 South Ocean Blvd., Apt. 1007
Highland Beach, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marina Bonaparte, DDS
Address: 4511 South Ocean Blvd, Apt. 1007
Highland Beach, FL 33487

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 9/5/13

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 9/5/13

Date