

PI3000077855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

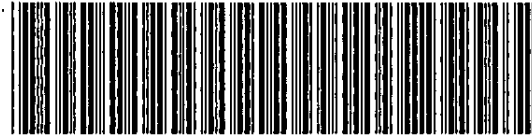
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200251253842

09/17/13--01011--013 **128.75

FILED
13 SEP 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 9/20

COVER LETTER

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

SUBJECT: Certificate of Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

R. Rameau Dental Clinic, PA

Name (printed or typed)

10910 SW 145th Place

Address

Miami, FL 33186

City, State & Zip

917-202-0553

Daytime Telephone Number

rejanerameau@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

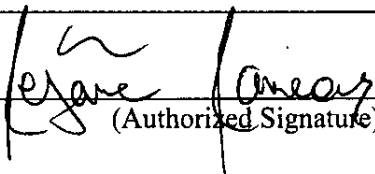
The undersigned, Rejane Rameau, President
(Name) (Title)
of R. Rameau Dental Clinic, P.C. a foreign corporation
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 23, 2010
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Maryland
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was R. Rameau Dental Clinic, P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is R. Rameau Dental Clinic, PA
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 45 Calvert Street, Annapolis, MD 21401
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of R. Rameau Dental Clinic, P.C.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 13th day of September, 2013


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

R. Rameau Dental Clininc, P.A.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

10910 SW 145th Place

Miami, FL 33186

Mailing Address

10910 SW 145th Place

Miami, FL 33186

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide a full range of dental services.

FILED
13 SEP 17 PM 3:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 @ \$1 par value

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Rejane Rameau/ Presient

10910 SW 145th Place

Miami, FL 33186

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

FILED
13 SEP 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Rejane Rameau
10910 SW 145th Place
Miami, FL 33186

ARTICLE VII INCORPORATOR

*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

Rejane Rameau
10910 SW 145th Place
Miami, FL 33186

FILED
13 SEP 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

9/12/2013

Date

Signature/Incorporator

9/12/2013

Date