

P13000008466Z

(Requestor's Name)

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(Business Entity Name)

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19 OCT 15 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Sirona, 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: **Bonnie M Chalker**

Name (Printed or typed)

225 Country Circle Drive West

Address

Port Orange, FL 32128

City, State & Zip

386-453-8038

Daytime Telephone number

bgatesod@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: Sirona, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

225 Country Circle Drive West

Port Orange, FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Software development and sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bonnie Chalker, CEO

Name and Title: _____

Address 225 Country Circle Drive West
Port Orange, FL 32128

Address: _____

Name and Title: Robert J Chalker, VP

Name and Title: _____

Address 225 Country Circle Drive West
Port Orange, FL 32128

Address: _____

Name and Title: Regina Assaf, COO

Name and Title: _____

Address 15 Pope Ave
Port Orange, FL 32129

Address: _____

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TALLAHASSEE FLORIDA

(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:

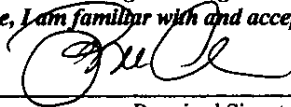
Name: Bonnie Chalker
Address: 225 Country Circle Drive West
Port Orange, FL 32128

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Bonnie Chalker
Address: 225 Country Circle Drive West
Port Orange, FL 32128

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

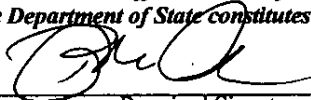


Required Signature/Registered Agent

6/14/13

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

6/14/13

Date

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