

P14000000278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

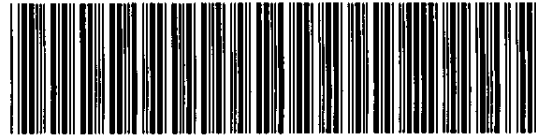
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please call when ready
850-545-1986
Ken

Office Use Only



400255102114

01/02/14--01001--003 **70.00

RECEIVED
DIVISION OF CORPORATIONS
2013 DEC 31 PM 3:28
10 AGENCY USE ONLY
SUFFICIENT FOR FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN -2 AM 7:30

VH

COVER LETTER

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

SUBJECT: Catherine de la Torre, D.M.D., PA

(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: Catherine de la Torre

Name (Printed or typed)

4604 W. Estrella Street

Address

Tampa, Florida 33629

City, State & Zip

813-767-7855

Daytime Telephone number

delatorre.c.m@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)

ARTICLE I NAME

The name of the corporation shall be: Catherine de la Torre, D.M.D., PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4604 W. Estrella Street
Tampa, Florida 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Care

ARTICLE IV SHARES

The number of shares of stock is: 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2014 JAN -2 AM 7:30

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Catherine de la Torre

Name and Title: _____

Address President

Address: _____

4604 W. Estrella
Tampa, FL 33629

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 2014 JAN -2 AM 7:31
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Catherine de la Torre
Address: 4604 W. Estrella Street
Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catherine de la Torre
Address: 4604 W. Estrella
Tampa, FL 33629

Article VII Effective Date. The effective date shall be December 31, 2013.

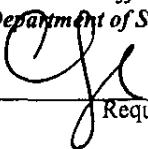
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/30/13
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

12/30/13
Date