

P140000013808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

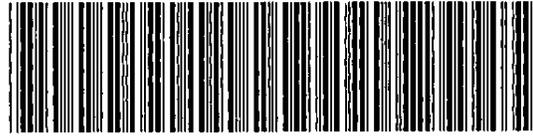
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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DATE: 02-14-14

NAME: TYRONE SQUARE MALL DENTAL, P.A.

TYPE OF FILING: ARTICLES OF INCORPORATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

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

SUBJECT: Tyrone Square Mall Dental, 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: Ross Krasnov, DDS
Name (Printed or typed)

17555 Collins Avenue, Suite 2401
Address

Sunny Isles Beach, Florida 33160
City, State & Zip

917-902-9515
Daytime Telephone number

rkrasnov@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 14 AM 8:21

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: Tyrone Square Mall Dental, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6747 Tyrone Square
St. Petersburg, FL 33710
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: professional association - dental

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ross Krasnov, DDS, President</u>	Name and Title:	_____
Address:	<u>17555 Collins Avenue, Suite 2401</u> <u>Sunny Isles Beach, Florida 33160</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

(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:

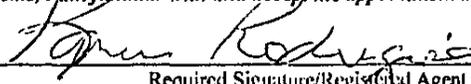
Name: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

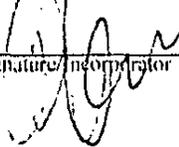
Name: Ross Krasnov, DDS
Address: 17555 Collins Avenue, Suite 2401
Sunny Isles Beach, Florida 33160

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

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

1/25/14
Date