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DATE: 02/27/14

NAME: BRANDON MALL DENTAL, P.A.

TYPE OF FILING: ARTICLES OF INCORPORATION

COST: 70.00 + 8.75

RETURN: certified copy please

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: Brandon 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 ☐ \$78.75
Filing Fee 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.

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: **Brandon Mall Dental, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

675 Brandon Town Center Mall

Brandon, FL 33511

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: **Ross Krasnov, DDS, President**

Address: **17555 Collins Avenue, Suite 2401**

Sunny Isles Beach, Florida 33100

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(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:

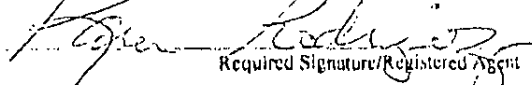
Name: **NRAI Services, Inc.**
Address: **1200 South Pine Island Road**
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

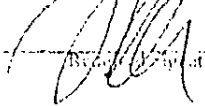
Name: **Ross Krasnov, DDS**
Address: **17555 Collins Avenue, Suite 2401**
Sunny Isles Beach, Florida 33160

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

2-26-14
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/Registered Agent

2/10/14
Date

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FLORIDA

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