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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 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.

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

675 Brandon Town Center Mall
Brandon, FL 33511

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

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: 2-26-14

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 of Authorized Applicant — Date: 2/10/14

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