

P 14000018672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

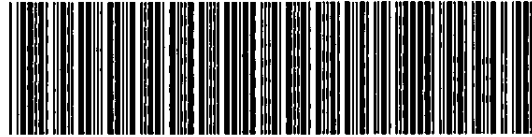
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/26/14--01012--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 26 AM 10:52

FL Pro
#205
3/10/14

COVER LETTER

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

SUBJECT: International Dental 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Renate Manns

Name (Printed or typed)

5376 W 16 Ave

Address

Hialeah, FL 33012

City, State & Zip

786-539-6935

Daytime Telephone number

idg2013@aol.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:

International Dental Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5376 W 16 Ave

Hialeah, FL 33012

Mailing address, if different is:

1030 N Royal Poinciana Blvd

Miami Springs, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Office Management

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renate Manns(Pres)

Name and Title: _____

Address 1030 N Royal Poinciana Blvd

Address: _____

Miami, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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:

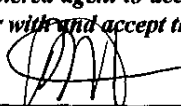
Name: Renate Manns
Address: 1030 N Royal Poinciana Blvd
Miami, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Renate Manns
Address: 1030 N Royal Poinciana Blvd
Miami, FL 33166

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

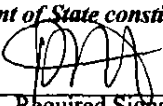


Required Signature/Registered Agent

02/20/2014

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

02/20/2014

Date