

P14000032308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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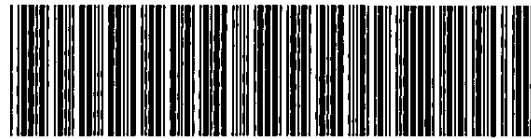
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/11/14

COVER LETTER

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

SUBJECT: **ENDODONTIC SOLUTIONS INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

check #
122

☒ \$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: **PEDRO A RUIZ**

Name (Printed or typed)

9650 UNIVERSAL BLVD UNIT 344

Address

ORLANDO FL 32819

City, State & Zip

305-331-9687

Daytime Telephone number

peter_ruizdds@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: **ENDODONTIC SOLUTIONS INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9650 UNIVERSAL BLVD UNIT 344

ORLANDO FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL SPECIALTY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PEDRO A RUIZ, PRESIDENT**

Name and Title: _____

Address **9650 UNIVERSAL BLVD UNIT 344**

Address: _____

ORLANDO FL 32819

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: PEDRO A RUIZ
Address: 9650 UNIVERSAL BLVD UNIT 344
ORLANDO FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO A RUIZ
Address: 9650 UNIVERSAL BLVD UNIT 344
ORLANDO FL 32819

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

Pedro A Ruiz 4/4/14
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.

Pedro A. Ruiz 4/4/14
Required Signature/Incorporator Date

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