

P14000 344 / /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

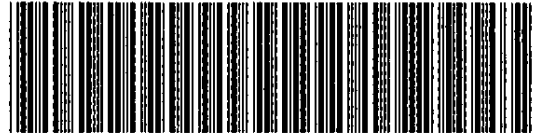
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258974836

04/16/14--01005--011 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 1:39

4/17/14

COVER LETTER

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

SUBJECT: Alfred J. Robbins D.D.S., 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: Joseph H. Lowe, Esquire

Name (Printed or typed)

Klein Glasser Park Lowe & Pelstring, P.L.

Address

9130 S. Dadeland Blvd., Ste. 2000, Miami, FL 33156

City, State & Zip

305-670-3700

Daytime Telephone number

lowej@kgplp.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: Alfred J. Robbins D.D.S., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7400 N. Kendall Drive

Ste. 608

Miami, FL 33156

Mailing address, if different is: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 1:40

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for professional dental services and all services incidental thereto.

ARTICLE IV SHARES

The number of shares of stock is: 500 at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfred J. Robbins D.D.S., PSD

Name and Title: _____

Address: 7400 N. Kendall Drive

Address: _____

Ste. 608

Miami, FL 33156

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: Joseph H. Lowe, Esquire

Address: 9130 S. Dadeland Blvd., Ste. 2000, Datan 2

Miami, FL 33156

ARTICLE VII INCORPORATOR

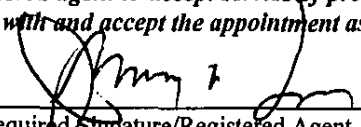
The name and address of the Incorporator is:

Name: Alfred J. Robbins D.D.S.

Address: 7400 N. Kendall Drive, Ste. 608

Miami, FL 33156

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

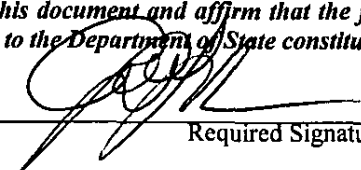


Required Signature/Registered Agent

4/11/14

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/Incorporator

4/10/14

Date