

P14000051961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

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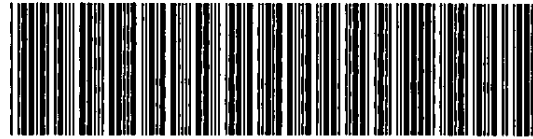
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/14--01009--013 **78.75

APPROVED
AND
FILED

14 JUN 13 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: TRUE DENTAL INCORPORATED
(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: ALOYSIUS J. ABEL, JR
Name (Printed or typed)

159 PARLIAMENT LOOP

Address

LAKE MARY FL 32746

City, State & Zip

800 446 4633 X 1946

Daytime Telephone number

ALABEL@MYTRUECARE.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

TRUE DENTAL INCORPORATED

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA
Mailing address, if different is:

159 PARLIAMENT LOOP

LAKE MARY FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCIAL SERVICES - MARKETING

AND SELLING OF INSURANCE PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

100 NON PAR COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALOYSIUS J. ABEL, III CHAIRMAN/CEO

Name and Title:

Address: 159 PARLIAMENT LOOP

Address:

LAKE MARY FL 32746

Name and Title: ALOYSIUS J. ABEL, JR PRESIDENT

Name and Title:

Address: 159 PARLIAMENT LOOP

Address:

LAKE MARY FL 32746

Name and Title: WADE K. NELSON VICE PRESIDENT

Name and Title:

Address: 159 PARLIAMENT LOOP

Address:

LAKE MARY FL 32746

APPROVED
AND
FILED (cont.)

14 JUN 13 PM 3:50

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALOYSIUS J. ABEL, JR
Address: 159 PARLIAMENT LOOP
LAKE MARY FL 32746

ARTICLE VII INCORPORATOR

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

Name: ALOYSIUS J. ABEL, JR
Address: 159 PARLIAMENT LOOP
LAKE MARY FL 32746

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

06/11/2014
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

06/11/2014
Date