

P14000056579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

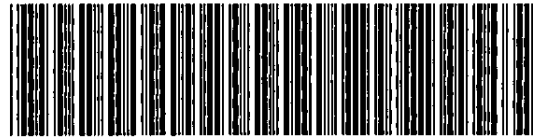
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED TERM "DENTISTRY
SERVICES" TO ARTICLE
III (PURPOSE); PER
TELEPHONE CONVERSATION
WITH ANDREW DELAROSA.
07/01/14

Office Use Only



800261804578

06/30/14--01023--009 **87.50

FILED
14 JUN 30 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/01/14

COVER LETTER

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

SUBJECT: Sailfish 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: Dr. Andrew David DeLaRosa
Name (Printed or typed)
3292 S.E. Inlet Harbor Trail
Address
Stuart, FL 34996
City, State & Zip
561 706 3145
Daytime Telephone number
delarosa.andrew@gmail.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: Sailfish Dental P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2648 NW Federal Hwy
Stuart, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform any and all
lawful acts pertaining to the management
of any lawful business as well as to engage
in and to do any lawful act concerning
any and all lawful business
DENTISTRY SERVICES...

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. Andrew DeLaRosa Name and Title: _____

Address: 3292 S.E. Inlet Harbor Trail Address: _____

STUART, FL 34996

"sole director, president"

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: Dr Andrew DeLaRosa
Address: 3292 S.E. Inlet Harbor trail
Stuart, FL 34996

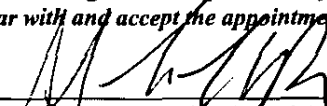
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline DeLaRosa, esq.
Address: 483 Beacon St.
Boston, MA 02115

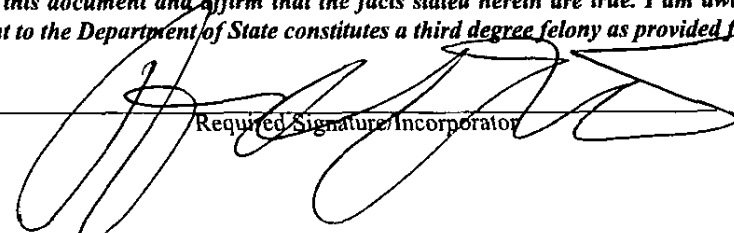
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

6/19/14
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

6/19/14
Date