

P14 00056914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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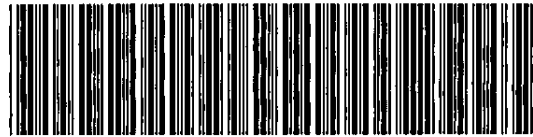
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 30 PM 1:52

7/2/14

COVER LETTER

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

SUBJECT: Quantum Endo 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: James W Sainsbury DMD

Name (Printed or typed)

3031 NE 40th Ct

Address

Fort Lauderdale Fl. 33308

City, State & Zip

954-999-2384

Daytime Telephone number

drjim100@hotmail.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: Quantum Endo P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3031 NE 40th CT

Fort Lauderdale

Florida 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice of Endodontics (Root Canal)

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ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James W Sainsbury DMD President

Name and Title: _____

Address 3031 NE 40th CT

Address: _____

Fort Lauderdale

Florida 33308

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

Name and Title: JAMES W. Sainsbury ^{PRES.} Pres. Name and Title: _____
Address: 3031 NE 40th Ct Address: _____
Fort Lauderdale FL 33308 _____

ARTICLE VI REGISTERED AGENT

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

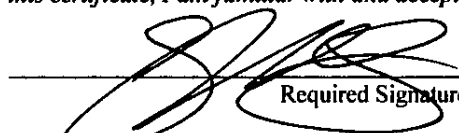
Name: James W Sainsbury DMD
Address: 3031 NE 40th CT
Fort Lauderdale FL. 33308

ARTICLE VII INCORPORATOR

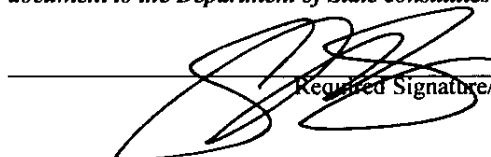
The name and address of the Incorporator is:

Name: James W Sainsbury DMD
Address: 3031 N# 40th CT
Fort Lauderdale FL 33308

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 June 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 June 20, 2014 Date