

P14 0000057995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

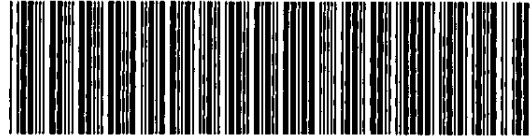
(Document Number)

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07/07/14--01031--005 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
JUL -7 PM 1:08

## COVER LETTER

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

SUBJECT: Kimberly A. Phelps DMD, PA

(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: Kimberly A. Phelps DMD

Name (Printed or typed)

16058 Bella Woods Drive

Address

Tampa, Florida 33647

City, State & Zip

813 417 - 3128

Daytime Telephone number

drphelpsdmd2012@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:

Kimberly A. Phelps DMD, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16058 Bella Woods Drive

Tampa Florida 33647

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful purposes in the State of Florida.

Specifically the provision of dental services and surgery.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kimberly A. Phelps DMD - President

Name and Title:

Address

16058 Bella Woods Drive

Address:

Tampa, Florida 33647

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(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: Kimberly A. Phelps DMD  
Address: 16058 Bella Woods Drive  
Tampa, Florida 33647

**ARTICLE VII INCORPORATOR**

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

Name: Kimberly A. Phelps DMD  
Address: 16058 Bella Woods Drive  
Tampa, Florida 33647

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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  
7/1/14  
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  
7/1/14  
Date