

P14000059753

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 11 PM 12:09

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
S. DONOVAN ESSEN, D.D.S., P.A.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

77457

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H14000166169



COVER LETTER

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

SUBJECT: S. Donovan Essen, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: S. Donovan Essen, D.D.S., P.A.
Name (Printed or typed)

1500 S.W. Mapp Road
Address

Palm City, Florida 34990
City, State & Zip

(772) 287-6717
Daytime Telephone number

dressen@essendentistry.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: S. Donovan Essen, D.D.S., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1500 S.W. Mapp Road
Palm City, FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing dental
Care and related services

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: S. Donovan Essen, D.D.S., Pres.

Address: 1500 S.W. Mapp Rd.
Palm City, FL 34990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

14 JUL 11 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: S. Donovan Essen, D.D.S.

Address: 1500 S.W. Mapp Rd.

Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: S. Donovan Essen, D.D.S.

Address: 1500 S.W. Mapp Rd.

Palm City, FL 34990

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

S. Donovan Essen
Required Signature/Registered Agent

07/11/2014

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.817.135, F.S.

S. Donovan Essen
Required Signature/Incorporator

07/11/2014

Date

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