

P14000060860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

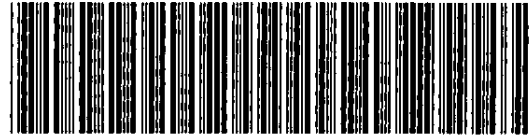
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DIVISION OF CORPORATE AFFAIRS
STATE OF NEW YORK

14 JUL 17 PM 1:15
DIVISION OF CORPORATE AFFAIRS
STATE OF NEW YORK

COVER LETTER

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

SUBJECT: American Associated Dental, INC.

(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: Steve Hamilton

Name (Printed or typed)

PO Box 881982

Address

Port St Lucie, FL 34988

City, State & Zip

7724187045

Daytime Telephone number

steveh@gmphs.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: American Associated Dental, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

535 NW Mercantile Place

Port St Lucie Fl 34986

Mailing address, if different is:

C/O Steve Hamilton

PO Box 881982

Port St Lucie, FL 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental office member co-op

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Hamilton, President

Address PO Box 2733

Jupiter, Fl 33468

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF COURT
JULY 17 1988

(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:

STEVE HAMILTON

Address:

535 NW MERCANTILE PLACE #105
PORT ST LUCIE, FL. 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Steve Hamilton

Address:

535 NW Mercantile Place #105
Port St Lucie, FL 34986

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

6/20/14

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

6/20/14

Date

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