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14 JUL 24 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Roger L Bryant DDS PC 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: Roger L Bryant DDS PC Inc

Name (Printed or typed)

918 Rolling Acres Rd, Suite 7

Address

Lady Lake FL 32159

City, State & Zip

(352) 391-3917

Daytime Telephone number

rogerbryantdds@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Roger L Bryant DDS PC Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

918 Rolling Acres Rd, Suite 7

Lady Lady FL 32159

Mailing address, if different is:

918 Rolling Acres Rd, Suite 7

Lady Lake FL 32159

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide dental services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger L Bryant DDS, Pres

Address: 918 Rolling Acres Rd

Suite 7

Lady Lake FL 32159

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

(conti.)

Name and Title: _____

Name and Title: _____

14 JUL 24 PM 3:53

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Roger L Bryant

Address:

918 Rolling Acres Rd, Suite 7

Lady Lake FL 32159

ARTICLE VII INCORPORATOR

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

Name:

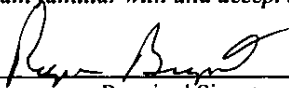
Roger L Bryant DDS

Address:

918 Rolling Acres Rd, Suite 7

Lady Lake FL 32159

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

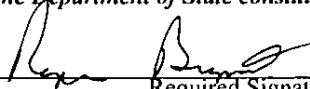


Required Signature/Registered Agent

7-22-14

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

7-22-14

Date