

P14000071156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

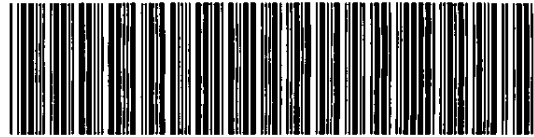
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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14014000033903



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05/27/14--01058--003 **70.00

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14 AUG 25 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/26/14

COVER LETTER

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

SUBJECT: KB SMILES DENTAL LAB 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 ☐ \$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: KENNETH A. BROWN
Name (Printed or typed)

4600 CATALONIA WAY SOUTH
Address

ST. PETERSBURG, FL. 33712
City, State & Zip

727-420-0781
Daytime Telephone number

KB SMILES32@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2014

KENNETH A. BROWN
4600 CATALONIA WY. SO.
ST. PETERSBURG, FL 33712

SUBJECT: KBSMILES DENTAL LAB INC
Ref. Number: W14000033903

We have received your document for KBSMILES DENTAL LAB INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 714A00016876

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

KENNETH A. BROWN 2ND MAILING
4600 CATALONIA WY. SO.
ST. PETERSBURG, FL 33712

SUBJECT: KBSMILES DENTAL LAB INC
Ref. Number: W14000033903

We have received your document for KBSMILES DENTAL LAB INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 614A00013688

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2014

KENNETH A. BROWN
4600 CATALONIA WY. SO.
ST. PETERSBURG, FL 33712

SUBJECT: KBSMILES DENTAL LAB INC
Ref. Number: W14000033903

We have received your document for KBSMILES DENTAL LAB INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 614A00013688

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2014

KENNETH A. BROWN
4600 CATALONIA WY. SO.
ST. PETERSBURG, FL 33712

SUBJECT: KBSMILES DENTAL LAB INC
Ref. Number: W14000033903

We have received your document for KBSMILES DENTAL LAB INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 914A00011741

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: KBSMILES DENTAL LAB INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1832 49TH ST. SOUTH
ST. PETERSBURG, FL.
33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO FABRICATE REMOVEABLE PROSTHESES
FOR DENTIST, AND THERE PATIENTS,

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: [Signature]

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: KENNETH A. BROWN
Address: 4600 CATALONIA WY. SO.
ST. PETERSBURG, FL 33712

ARTICLE VII INCORPORATOR

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

Name: KENNETH A. BROWN
Address: 4600 CATALONIA WY. SO.
ST. PETERSBURG, FL 33712

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

Kenneth A. Brown
Required Signature/Registered Agent

8-21-14
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.

Kenneth A. Brown
Required Signature/Incorporator

8-21-14
Date

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TALLAHASSEE, FLORIDA