

PK40000072219

(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



600263485696

08/28/14--01013--002 **78.75

FILED
14 AUG 28 PM 12:42
RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

UND 8/29

COVER LETTER

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

SUBJECT: **BALLET DENTAL ASSISTANT SCHOOL, 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: **LOURDES VIRGINIA BALLET**
Name (Printed or typed)

4876 RED BRICK RUN
Address

SANFORD, FLORIDA 32771
City, State & Zip

407-321-283-2850
Daytime Telephone number

BALLETFL@AOL.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: **BALLET DENTAL ASSISTANT SCHOOL, PA**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1857 PROVIDENCE BVLD.

SUITE #200

DELTONA FL; 32725

Mailing address, if different is:

4876 RED BRICK RUN

SANFORD FL; 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRAINING OF PEOPLE AS DENTAL ASSISTANTS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LOURDES V. BALLETTDS (PRESIENT)**

Address

**4876 RED BRICK RUN
SANFORD, FL; 32771**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
14 AUG 28 PM 12:42
CLERK OF STATE
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: Louder Y. Ballet
Address: 1857 Providence Blvd/St 200
Deltona FL 32725

FILED
14 AUG 28 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louder Y. Ballet
Address: 1857 Providence Blvd. St. 200
Deltona FL 32725

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

[Signature]
Required Signature/Registered Agent

8/25/14
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.

[Signature]
Required Signature/Incorporator

8/25/14
Date