

PI4000079786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

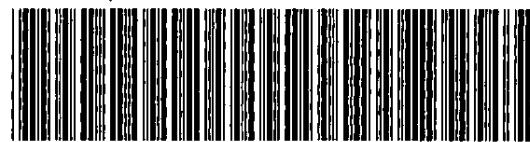
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-56704

Office Use Only



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09/15/14--01017--012 *78.75

14 SEP 25 PM 3:52
SEARCHED
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APPROVED
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111

COVER LETTER

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

SUBJECT: Dentabase 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 & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Dr. George Galluzzo
Name (Printed or typed)

320 Southeast 18th Street

Address

Ft. Lauderdale , FL 33316

City, State & Zip

954-467-8138

Daytime Telephone number

DrGalluzzo@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2014

DR. GEORGE GALLUZZO
320 SOUTHEAST 18TH STREET
FORT LAUDERDALE, FL 33316

SUBJECT: DENTABASE
Ref. Number: W14000056704

We have received your document for DENTABASE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 014A00019854

APPROVED
AND
FILED

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: Dentabase Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
320 Southeast 18th Street

~~SECRET~~
~~BY FAX~~
~~10/10/2012~~

Ft. Lauderdale FL 33316

Same

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct business in the dental industry

ARTICLE IV SHARES 1,000,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. George Galluzzo Name and Title: _____

Address: 320 SE 18th Street Address: _____

Ft. Lauderdale FL 33316

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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REGISTRATION
GEORGE A. GALLUZZO
TALLADEGA, ALABAMA

ARTICLE VI REGISTERED AGENT

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

Name: Dr. George Galluzzo
Address: 320 SE 18th Street
Ft. Lauderdale FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. George Galluzzo
Address: 320 SE 18th Street
Ft. Lauderdale FL 33316

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

Dr. George Galluzzo
Required Signature/Registered Agent

9/10/14
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.

Dr. George Galluzzo
Required Signature/Incorporator

9/10/14
Date