

P140000082566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

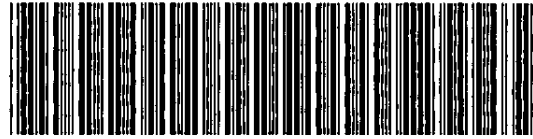
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SECRETARY OF STATE
FALLAHASSEE FLORIDA

14 OCT - 6 PM 12:40

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COVER LETTER

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

SUBJECT: American Pediatric Dental Coral Springs, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
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FROM: American Pediatric Dental Chapel Trail, Inc.
Name (Printed or typed)
18503 Pines Blvd. Suite 305
Address
Pembroke Pines, FL 33029
City, State & Zip
954-417-1337
Daytime Telephone number
williamdmd@gmail.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 Pediatric Dental Coral Springs, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
3353 N. University Drive
Coral Springs, FL 33071

Mailing address, if different is:
10021 Pines Blvd. Suite 100
Pembroke Pines, FL 33024

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>William A. Pena, President</u>	Name and Title:	_____
Address	<u>10021 Pines Blvd. Suite 100</u> <u>Pembroke Pines, FL 33024</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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TALLAHASSEE FLORIDA

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: William A. Pena
 Address: 10021 Pines Blvd. Suite 100
Pembroke Pines, FL 33024

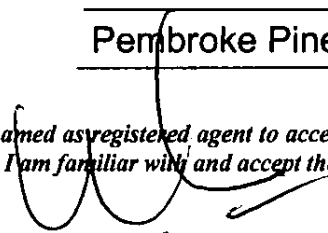
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ARTICLE VII INCORPORATOR

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

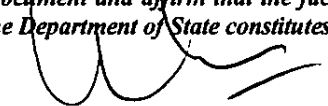
Name: William A. Pena
 Address: 10021 Pines Blvd. Suite 100
Pembroke Pines, FL 33024

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 10/2/2014
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 10/2/2014
Date