

P14000097636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

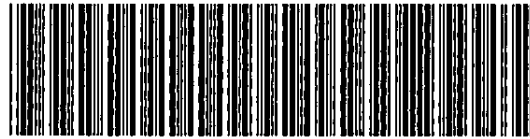
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700266910907

12/01/14--01045--009 **70.00

FILED
14 DEC -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/5/14

COVER LETTER

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

SUBJECT: **Florida's Orthodontist 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 ☐ \$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: **Jason Zielinski, Esq..**

Name (Printed or typed)

800 E Broward Blvd. Suite 702

Address

Fort Lauderdale, FL 33301

City, State & Zip

954-524-6131

Daytime Telephone number

jzielinski@zielinski-associates.com

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

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

14 DEC - 1 AM 10:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Florida's Orthodontist PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

451 S Country Club Dr.

Atlantis FL 33462

Mailing address, if different is:

FILED
14 DEC -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the practice of Orthodontia and all other activities permissible under the law

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin McCaffrey / Managing Director

Name and Title: _____

Address 451 S Country Club Dr.

Address: _____

Atlantis FL 33462

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Jason Zielinski, Esq.

Address: 800 E. Broward Blvd. Suite 702

Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Zielinski, Esq.

Address: 800 E. Broward Blvd. Suite 702

Fort Lauderdale, FL 33301

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

11-26-14

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

11-26-14

Date

FILED
14 DEC -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA