

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H150000075173ABC

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Division of Corporations
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From:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
MAAYAN DENTAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

87039

RECEIVED JAN - 9 2015

Electronic Filing Menu

Corporate Filing Menu

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H15000007517

COVER LETTER

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

SUBJECT: **MAAYAN DENTAL, 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: **JUDITH L. GARTNER**

Name (Printed or typed)

21133 N.E. 23 COURT

Address

MIAMI, FL 33180

City, State & Zip

954-559-5049

Daytime Telephone number

JUDITHGARTNER@YAHOO.COM

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JAN -9 PM 12:27

ARTICLE I NAME

The name of the corporation shall be:

MAAYAN DENTAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21133 N.E. 23 COURT

MIAMI, FL 33180

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:

JUDITH L. GARTNER/PRESIDENT

Name and Title:

Address

21133 N.E. 23 COURT

Address:

MIAMI, FL 33180

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

15 JAN -9 PM 12: 27

SECRETARY OF STATE
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: JUDITH L. GARTNER
Address: 21133 N.E. 23 COURT
MIAMI, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUDITH L. GARTNER
Address: 21133 N.E. 23 COURT
MIAMI, FL 33180

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

01/05/15
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

01/05/15
Date