

P15000003200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

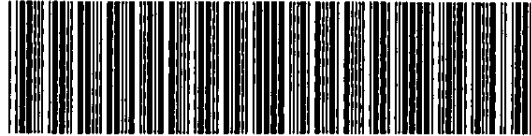
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED

15 JAN -9 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Use Only

1/9

## COVER LETTER

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

SUBJECT: Ryan S. Holbrook, DMD, P.A.  
(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: Ryan S. Holbrook  
Name (Printed or typed)

3900 Yorktowne Blvd #4008  
Address

Port Orange, FL 32129  
City, State & Zip

574-265-9507  
Daytime Telephone number

rsholbrook@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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Ryan S. Holbrook, DMD, P.A.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different from principal office  
TALLAHASSEE, FLORIDA

3900 Yorktowne Blvd #4008

Port Orange, FL 32129

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General Dentistry

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ryan Holbrook, President

Address 3900 Yorktowne Blvd, #4008  
Port Orange, FL 32129

Name and Title: Ryan Holbrook, Treasurer

Address: 3900 Yorktowne Blvd, #4008  
Port Orange, FL 32129

Name and Title: Ryan Holbrook, Vice President

Address 3900 Yorktowne Blvd, #4008  
Port Orange, FL 32129

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Ryan Holbrook, Secretary

Address 3900 Yorktowne Blvd, #4008  
Port Orange, FL 32129

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

APPROVAL  
AND  
FILED

(cont.)

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: \_\_\_\_\_

Ryan Holbrook

Address: \_\_\_\_\_

3900 Yorktowne Blvd, #4008

Port Orange, FL 32129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Ryan Holbrook

Address: \_\_\_\_\_

3900 Yorktowne Blvd, #4008

Port Orange, FL 32129

*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 ..*

*Ryan S. Holbrook*

Required Signature/Registered Agent

1/5/15

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.*

*Ryan S. Holbrook*

Required Signature/Incorporator

1/5/15

Date