

P15000003273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

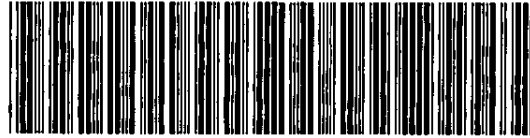
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-14-15 ch

COVER LETTER

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

SUBJECT: Lofton Creek Dental 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
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: Jenny Alexander
Name (Printed or typed)

109 Azalea Place
Address

Neptune Beach, FL 32266
City, State & Zip

404 543 5366
Daytime Telephone number

jennalex23@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:

Lofton Creek Dental PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

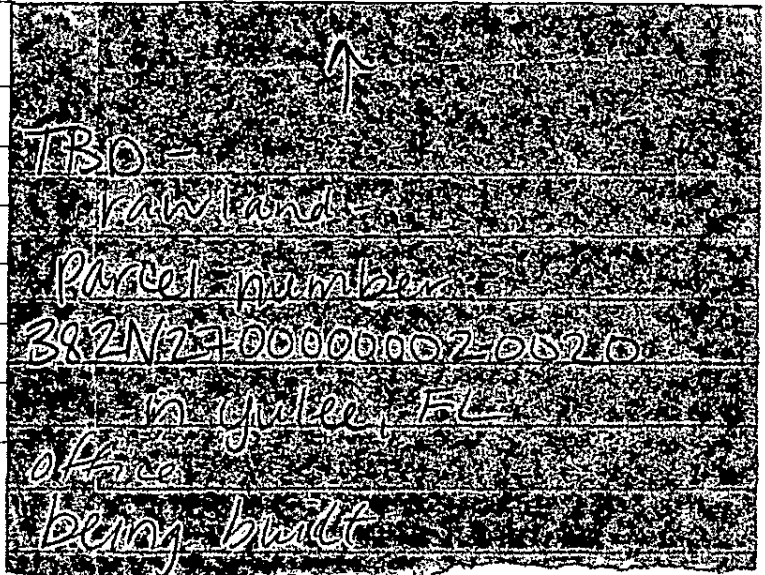
Mailing address, if different is:

109 Azalea Place
Neptune Beach, FL 32246

109 Azalea Place
Neptune Beach FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:



ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Evens - owner Name and Title:

Address: 109 Azalea Place Address:
Neptune Beach FL 32246

Name and Title: Nicholas Comerford - owner Name and Title:

Address: 1861 Selva Marina Drive Address:
Atlantic Beach FL 32233

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

(conti.)

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: Jenny Alexander
Address: 109 Azalea Place
Neptune Beach FL 32266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jenny Alexander
Address: 109 Azalea Place
Neptune Beach FL 32266

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TALLAHASSEE, FLORIDA

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

J Alexander
Required Signature/Registered Agent

1/8/15
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.

J Alexander
Required Signature/Incorporator

1/8/15
Date