

P15000045987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

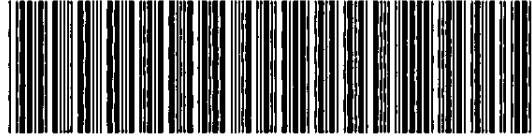
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2015
S. GILBERT

COVER LETTER

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

SUBJECT: IRINA V. MATTHEWS, DMD, 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: IRINA V. MATTHEWS, DMD
Name (Printed or typed)

3447 FALLVIEW CT

Address

LAND O LAKES, FL 34639

City, State & Zip

813-996-1685

Daytime Telephone number

lamea@mail.ru

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. (Pro60)

ARTICLE I NAME

The name of the corporation shall be:

IRINA V. MATTHEWS, DMD, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3447 FALLVIEW CT

LAND O LAKES, FL 34639

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL DENTAL HEALTH SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRINA V. MATTHEWS, PRESIDENT

Name and Title: _____

Address

3447 FALLVIEW CT

Address: _____

LAND O LAKES, FL 34639

Name and Title: JOHN MATTHEWS, VICE PRESIDENT

Name and Title: _____

Address

3447 FALLVIEW CT

Address: _____

LAND O LAKES, FL 34639

Name and Title: _____

Name and Title: _____

Address

Address: _____

(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: IRINA V. MATTHEWS, DMD
Address: 3447 FALLVIEW CT
LAND O LAKES, FL 34639

ARTICLE VII INCORPORATOR

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

Name: IRINA V. MATTHEWS, DMD
Address: 3447 FALLVIEW CT
LAND O LAKES, FL 34639

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

Irina V. Matthews
Required Signature/Registered Agent

02/11/2015
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.

Irina V. Matthews
Required Signature/Incorporator

02/11/2015
Date