

P15000042488

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 MAY - 6 PM 3:58

✓ 05/12/15

## COVER LETTER

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

**SUBJECT:** NORMAN E. CHAMBERLAIN, 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      ☒ \$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:** Mamie L. Davis  
\_\_\_\_\_  
Name (Printed or typed)  
  
1751 University Boulevard South  
\_\_\_\_\_  
Address  
  
Jacksonville, FL 32216  
\_\_\_\_\_  
City, State & Zip  
  
(904) 503-8881  
\_\_\_\_\_  
Daytime Telephone number  
  
MamieLDavis@MamieLDavisPA.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: NORMAN E. CHAMBERLAIN, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

305 East Union Street

2800 North Atlantic Ave., #1102

Jacksonville, FL 32202

Daytona Beach, FL 32218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The practice of denistry -- to operate a dental practice.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Norman E. Chamberlain, PST

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

Address 2800 North Atlantic Ave., #1102

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

Daytona Beach, FL 32218

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

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

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

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

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DIVISION OF CORPORATIONS  
JAN - 5 PM 3:58

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: Mamie L. Davis, P.A.  
Address: 1751 University Boulevard South  
Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

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

Name: Norman E. Chamberlain  
Address: 2800 North Atlantic Ave., #1102  
Daytona Beach, FL 32218

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15 MAY - 6 PM 3:59

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Mamie L. Davis  
Required Signature/Registered Agent

April 29, 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.*

Norman E. Chamberlain  
Required Signature/Incorporator

4-29-15  
Date