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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 2 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Friendly Dental, 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: Aaron N. Mamo, DMD

Name (Printed or typed)

13542 Messino Ct.

Address

Estero, Florida 33928

City, State & Zip

616-566-3690

Daytime Telephone number

amamodmd@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: Friendly Dental, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13542 Messino Ct, Estero, Florida 33928

Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in every phase and aspect of the practice of dentistry.

In addition, the Corporation may: (i) invest its funds in real estate, mortgages, stocks, bonds or any other type of investment,
(ii) own real and personal property necessary for the rendering of professional services, and (iii) do such other things and
take such other action as may be necessary and permissible for a corporation found under the Act.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron N. Mamo, Director

Name and Title: _____

Address 13542 Messino Ct

Address: _____

Estero, Florida 33928

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Aaron N. Mamo _____

Address: 13542 Messino Ct _____

Estero, Florida 33928 _____

ARTICLE VII INCORPORATOR

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

Name: Aaron N. Mamo _____

Address: 13542 Messino Ct _____

Estero, Florida 33928 _____

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

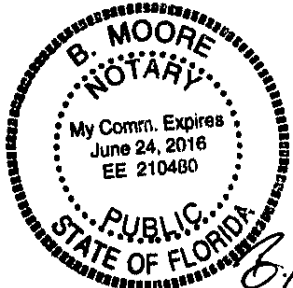
Required Signature/Registered Agent

May 23, 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.

Required Signature/Incorporator

May 23, 2015
Date



5/23/15