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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2015

CHARLES M. LAX, ESQ  
28400 NORTHWESTERN HIGHWAY, SECOND FLOOR  
SOUTHFIELD, MI 48034

SUBJECT: STEVEN M FREY, D.D.S., P.A.  
Ref. Number: W15000053768

We have received your document for STEVEN M FREY, D.D.S., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 415A00016833

## COVER LETTER

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

**SUBJECT:** Steven M. Frey, D.D.S., 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:** Charles M. Lax, Esq.

Name (Printed or typed)

28400 Northwestern Highway, Second Floor

Address

Southfield, Michigan 48034

City, State & Zip

(248) 827-1877

Daytime Telephone number

sfrey8@icloud.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: Steven M. Frey, D.D.S., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4755 Shinnecock Hills Ct., Apt. 201

Naples, Florida 34122-7964

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Practice of Dentistry

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

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

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

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

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

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

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

15 AUG - 3 AM 11:23

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: Steven M. Frey, D.D.S.  
Address: 4755 Shinnecock Hills Ct., Apt. 201  
Naples, Florida 34112-7964

**ARTICLE VII INCORPORATOR**

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

Name: Steven M. Frey, D.D.S.  
Address: 4755 Shinnecock Hills Ct., Apt. 201  
Naples, Florida 34112-7964


**ARTICLE VIII EFFECTIVE DATE:**

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

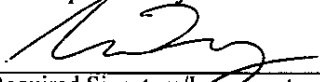
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

  
STEVEN M. FREY, D.D.S. Required Signature/Registered Agent 07/26/2015  
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.*

  
STEVEN M. FREY, D.D.S. Required Signature/Incorporator 07/26/2015  
Date