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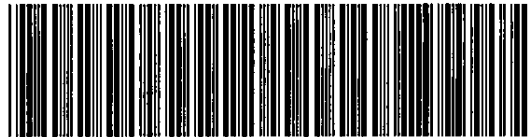
(Business Entity Name)

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SEP 24 2015

COVER LETTER

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

SUBJECT: THE MEDICAL DENTAL NETWORK, INC.
(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 W. REINERTSEN
Name (Printed or typed)

215 E. BURLEIGH BLVD.
Address

TAVARES, FL 32778
City, State & Zip

352-516-2265
Daytime Telephone number

CWREIN@ME.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: THE MEDICAL DENTAL NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

215 E. BURLEIGH BLVD

TAVARES, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FORMING A NETWORK OF
PHYSICIANS AND DENTISTS WHO ARE KEENLY AWARE
OF THE ORAL SYSTEMIC CONNECTION. PROVIDE
RESOURCES AND TRAINING FOR DOCTORS AND STAFF.
PROVIDE AN ONLINE DIRECTORY OF MEMBERS FOR
THE PUBLIC TO VIEW.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES REINERTSEN Name and Title: _____

Address PRESIDENT Address: _____

215 E. BURLEIGH BLVD

TAVARES, FL 32778

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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AT
TAVARES, FL 32778

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: CHARLES W. REINERTSEN, DMD
Address: 215 E. BURLEIGH BLVD.
TAVARES, FL 32778

ARTICLE VII INCORPORATOR

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

Name: CHARLES W. REINERTSEN, DMD
Address: 215 E. BURLEIGH BLVD.
TAVARES, FL 32778

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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

Charles W. Reinertsen, DMD 9-4-2015
Required Signature/Registered Agent 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.

Charles W. Reinertsen, DMD 9-4-2015
Required Signature/Incorporator Date