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2015 SEP 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2015

T. BROWN

COVER LETTER

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

SUBJECT: Naples Family Dentist, 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 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: Yvette A Mabe

Name (Printed or typed)

10781 Halfmoon Shoal Rd. #203

Address

Bonita Springs, FL 34135

City, State & Zip

913-481-5779

Daytime Telephone number

yvettemabe@att.net

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
OF
NAPLES FAMILY DENTIST, INCORPORATED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of this corporation is Naples Family Dentist, Incorporated

ARTICLE II
Principal place of Business and Mailing Address

The Principal place of business and mailing address of the corporation is
877 111th Avenue North, Suite #3, Naples, Florida 34108

ARTICLE III
Specific Purpose of Corporation

The nature of business or purposes to be conducted or promoted are:

- (a) To render only one type of professional service, the practice as physicians, surgeons or doctors of dentistry;
- (b) To purchase, receive, lease, or otherwise acquire, own, hold, improve, use and otherwise deal in and with, real or personal property, or any interest therein, wherever situated;
- (c) To purchase, receive, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge, or otherwise disposed of, an otherwise use and deal in and with, shares of other interests in, or obligations of, other domestic or foreign corporations, associations, partnerships or individuals, insurance or annuities in any form, or direct or indirect obligations of the United States or of any other government, state, territory, governmental district or municipality or of any instrumentality thereof;
- (d) To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans and other incentive plans for any or all of its directors, officers and employees; and
- (e) To do all things necessary or incidental to the practice of the profession which the professional corporation is authorized to practice.

ARTICLE IV
Capital Stock

This corporation is authorized to issue Thirty Thousand (30,000) shares of common stock at One Dollar (\$1.00) par value.

ARTICLE V
Board of Directors and Officers of the corporation

President:	Paul D. Mabe, D.D.S.
Vice President:	Paul D. Mabe, D.D.S.
Treasurer:	Paul D. Mabe, D.D.S.
Secretary:	Yvette A. Mabe

Address for Directors/Officers:

Paul D. Mabe, D.D.S.
877 111th Avenue North, Suite #3
Naples, Florida 34108

Yvette A Mabe
10781 Halfmoon Shoal Rd
#203
Bonita Springs, Florida 34135

ARTICLE VI
Name and Address of Initial Registered Agent

Paul D. Mabe, D.D.S.
10781 Halfmoon Shoal Rd.
Apt. #203
Bonita Springs, Florida

Paul D. Mabe DDS.
Signature of Resident Agent

Paul D. Mabe, DDS
Print Name to Accept Designation as Registered Agent

ARTICLE VII
Name of Incorporator

The name and mailing address of the incorporator as follows:

Yvette A. Mabe
10781 Halfmoon Shoal Rd.
Apt. 203
Bonita Springs, Florida 34135

Yvette A. mabe
Signature of Incorporator

Yvette A. mabe
Printed Name of Incorporator