

P16000021159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000281507530

02/01/16--01021--013 \*\*78.75

FILED  
16 MAR - 8 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. 11/16

## COVER LETTER

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

**SUBJECT:** Patrick M. Garrett, DMD, *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:** Patrick M. Garrett  
\_\_\_\_\_  
Name (Printed or typed)  
  
4158 Oak Street  
\_\_\_\_\_  
Address  
  
Palm Beach Gardens, FL 33418  
\_\_\_\_\_  
City, State & Zip  
  
407-342-1049  
\_\_\_\_\_  
Daytime Telephone number  
  
PGarrettDMD@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2016

PATRICK M GARRETT  
4158 OAK STREET  
PALM BEACH GARDENS, FL 33418

SUBJECT: PATRICK M GARRET, DMD, INC.  
Ref. Number: W16000011195

We have received your document for PATRICK M GARRET, DMD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document was missing page (2) of the Articles. I am enclosing that page only.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 216A00003129

RECEIVED  
16 MAR -8 AM 9:55  
TALLAHASSEE, FLORIDA

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: Patrick M. Garrett, DMD, INC.

16 MAR -8 PM 1:14

ARTICLE II PRINCIPAL OFFICE

Principal street address

4158 Oak Street

Palm Beach Gardens, Florida 33418

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed to provide quality dental care at affordable prices for all individuals of all ages.

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick M. Garrett, President

Address 11615 Winchester Drive

Unit C

Palm Beach Gardens, FL 33410

Name and Title: Jacqueline Chiodo, Secretary

Address: 4158 Oak Street

Palm Beach Gardens, FL 33418

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Jacqueline Chiodo  
Address: 4158 Oak Street  
Palm Beach Gardens, FL 33418

FILED  
16 MAR - 8 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Patrick M. Garrett  
Address: 11615 Winchester Drive, Unit C  
Palm Beach Gardens, FL 33410

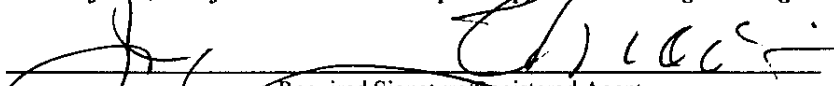
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/01/2016. (OPTIONAL)

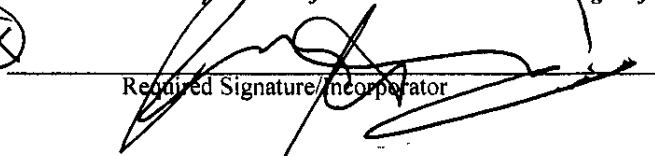
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 1/27/2016  
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.*

 1/27/2016  
Required Signature/Incorporator Date