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(Requestor's Name)

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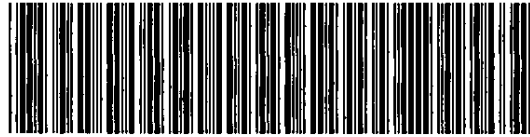
(Business Entity Name)

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

**SUBJECT:** Freeman Orthodontic Specialists 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:** Jason Zielinski, Esq.  
\_\_\_\_\_  
Name (Printed or typed)  
  
800 E. Broward Blvd. Suite 702  
\_\_\_\_\_  
Address  
  
Fort Lauderdale, FL 33301  
\_\_\_\_\_  
City, State & Zip  
  
954-524-6131  
\_\_\_\_\_  
Daytime Telephone number  
  
jzielinski@zielinski-associates.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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: Freeman Orthodontic Specialists Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

5201 NE 31st Ave

5201 NE 31st Ave.

Fort Lauderdale, FL 33308

Fort Lauderdale, FL 33308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all legal business

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Chris Freeman - President

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

Address 5201 NE 31st Ave.

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

Fort Lauderdale, FL 33308

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: Jason Zielinski, Esq. \_\_\_\_\_

Address: 800 E. Broward Blvd. Suite 702 \_\_\_\_\_

Fort Lauderdale, FL 33301 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Jason Zielinski Esq. \_\_\_\_\_

Address: 800 E Broward Blvd. Suite 702 \_\_\_\_\_

Fort Lauderdale, FL 33301 \_\_\_\_\_

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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*

\_\_\_\_\_  
Required Signature/Registered Agent

5-17-16  
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

5-17-16  
Date