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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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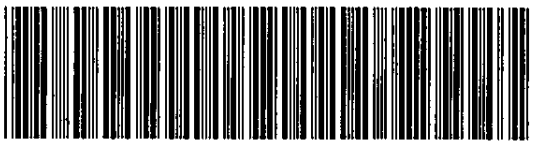

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16 MAY 31 AM 10:05

COVER LETTER

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

SUBJECT: Daniel V Ruffolo DDS 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: Daniel Ruffolo
Name (Printed or typed)

607 Masthead CT
Address

Tampa 33602 FL
City, State & Zip

626 831-2679
Daytime Telephone number

DrDanRuffolo@gmail.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: Daniel Ruffolo DDS Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

607 Masthead CT
Tampa Fl 33602

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide orthodontic call as in independent contractor.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Ruffolo CEO
Address 607 Masthead CT
Tampa Fl 33602

Name and Title:
Address:

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: Daniel Ruffolo

Address: 607 Masthead CT

Tampa FL 33602

16 MAY 31 AM 10:05

ARTICLE VII INCORPORATOR

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

Name: Daniel Ruffolo

Address: 607 Masthead CT

Tampa FL 33602

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/1/2016 . (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

Dal Ruffolo — 5/1/2016

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.

Dal Ruffolo — 5/1/2016

Required Signature/Incorporator — Date