

P16 0000 576 46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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07/11/16--01036--014 \*\*35.00

2016 JUL 11 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2016

NANCY ROTROFF  
2480 EAST COMMERCIAL BLVD., SUITE #2  
FORT LAUDERDALE, FL 33305

SUBJECT: NANCY ROTROFF DDS, MAGD, PA  
Ref. Number: W16000040846

RECEIVED  
16 JUL 12 AM 8:13  
TALLAHASSEE, FLORIDA

Please accept our apology for failing to mention this in our previous letter.

We have received your document for NANCY ROTROFF DDS, MAGD, PA and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

Please return the corrected original and one copy of 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.

Nadira D McClees-Sams  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00011789

**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: Nancy Rotroff DDS, MAGD, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2480 East Commercial Blvd, Suite #2

Fort Lauderdale, FL 33308

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Nancy Rotroff, President

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

Address 2480 East Commercial Blvd, Suite #2

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

Fort Lauderdale, FL 33305

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2016 JUL 11 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Nancy Rotroff  
Address: 2480 East Commercial Blvd, Suite #2  
Fort Lauderdale, FL 33305

**ARTICLE VII INCORPORATOR**

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

Name: Nancy Rotroff  
Address: 2480 East Commercial Blvd, Suite #2  
Fort Lauderdale, FL 33305

2016 JUL 11 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

Nancy Rotroff  
Required Signature/Registered Agent

5-20-2016  
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.*

Nancy Rotroff  
Required Signature/Incorporator

5-20-2016  
Date

**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: Nancy Rotroff DDS, MAGD, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2480 East Commercial Blvd, Suite #2

Fort Lauderdale, FL 33308

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 100s hs

100



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

Name and Title: Nancy Rotroff, President

Name and Title:

Address: 2480 East Commercial Blvd, Suite #2

Address:

Fort Lauderdale, FL 33305

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: Nancy Rotroff

Address: 2480 East Commercial Blvd, Suite #2

Fort Lauderdale, FL 33305

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

Name: Nancy Rotroff

Address: 2480 East Commercial Blvd, Suite #2

Fort Lauderdale, FL 33305

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Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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Nancy Rotroff  
Required Signature/Registered Agent

5-20-2014  
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.*

Nancy Rotroff  
Required Signature/Incorporator

5-20-2014  
Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2016

NANCY ROTROFF  
2480 EAST COMMERCIAL BLVD., SUITE #2  
FORT LAUDERDALE, FL 33305

SUBJECT: NANCY ROTROFF DDS, MAGD, PA  
Ref. Number: W16000040846

We have received your document for NANCY ROTROFF DDS, MAGD, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 316A00011789

RECEIVED

16 JUN 17 AM 10:49

TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Article V: The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

**The "incorporator" is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.**

**An Effective Date:** Add a **separate** article if applicable or necessary: An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing). **If a corporation is filed anytime prior to December 31<sup>st</sup>, an annual report will be due on January 1<sup>st</sup>.**

**Important Information About the Requirement to File an Annual Report**

All Florida Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$150. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org). There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

\*\*\*\*\*

**The fee for filing a profit corporation is:**

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

**Make checks payable to: Florida Department of State**

**Mailing Address:**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

**Street Address:**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6052



**ARTICLES OF INCORPORATION**

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**ARTICLE IV SHARES**

The number of shares of stock is: 100s hs

100



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Name and Title: Nancy Rotroff, President

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

Address 2480 East Commercial Blvd, Suite #2  
Fort Lauderdale, FL 33305

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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

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

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Fort Lauderdale, FL 33305

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Required Signature/Registered Agent

5.20.2016  
Date

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Nancy Rotroff  
Required Signature/Incorporator

5.20.2016  
Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2016

NANCY ROTROFF  
2480 EAST COMMERCIAL BLVD., SUITE #2  
FORT LAUDERDALE, FL 33305

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Letter Number: 316A00011789