

P16000063525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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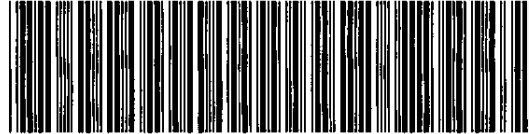
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: DMD Supply 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: Sergio Alvarez
Name (Printed or typed)
2570 Centergate Drive Suite 105
Address
Miramar, FL 33025
City, State & Zip
954-415-5044
Daytime Telephone number
sergio@shopdmd.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

July 14, 2016

SERGIO ALVAREZ
2570 CENTERGATE DR STE 105
MIRAMAR, FL 33025

SUBJECT: DMD SUPPLY INC
Ref. Number: W16000048609

We have received your document for DMD SUPPLY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 816A00014684

RECEIVED

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COVER LETTER

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

SUBJECT: Express DMD Supply Corp

(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: Sergio Alvarez

Name (Printed or typed)

2570 Centergate Drive Suite 105

Address

Miramar, FL 33025

City, State & Zip

954-415-5044

Daytime Telephone number

sergio@shopdmd.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: Express DMD Supply Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2570 Centergate Drive Suite 105

Miramar, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sergio Alvarez (President)

Name and Title:

Address 2570 Cengtergate Drive Suite 105

Address:

Miramar, FL 33025

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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FAMOUS STATE FILING

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: Sergio Alvarez _____

Address: 2570 Centergate Drive Suite 105 _____

Miramar, FL 33025 _____

ARTICLE VII INCORPORATOR

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

Name: Sergio Alvarez _____

Address: 2570 Centergate Drive Suite 105 _____

Miramar, FL 33025 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1st 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

Required Signature/Registered Agent

05/01/2016

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.

Required Signature/Incorporator

05/01/2016

Date