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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA DEPARTMENT OF
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
RUSSELL P. KOTCH, DMD, PA**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

116349

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 28 2015

T. SCOTT

4

H1000240011

COVER LETTER

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

SUBJECT: RUSSELL P. KOTCH, DMD, PA

(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: Russell Kotch

Name (Printed or typed)

1 SW 129 Avenue #302

Address

Pembroke Pines, FL 33027

City, State & Zip

954-873-5322

Daytime Telephone number

rpkotch@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:

RUSSELL P. KOTCH, DMD, PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1 SW 129 Avenue, #302

Pembroke Pines, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dentist

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Russell Kotch, Pres

Name and Title: _____

Address 1 SW 129 Avenue #302

Address: _____

Pembroke Pines, FL 33027

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SEP 27 AM 9:55

(cont.)

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: Robert Budowsky, CPA
Address: 203 S. 21 Avenue
Hollywood, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Russell Kotch
Address: 1 SW 129 Avenue #302
Pembroke Pines, FL 33027

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

Robert Budowsky

Required Signature/Registered Agent

09/27/16

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.

Russell Kotch

Required Signature/Incorporator

09/27/16

Date