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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/14/17

COVER LETTER

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

SUBJECT: Cadontics 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 ☐ \$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: Craig T. Ajmo, DDS
Name (Printed or typed)

2323 Curlew Ste 2D
Address

Dunedin, FL 34698
City, State & Zip

727-785-6784
Daytime Telephone number

CAjmo25@aol.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: Cadontics PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Craig T. Ajmo, DDS
2323 Curlew Rd Ste 2D
Dunedin, FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: as a professional association that provides dental services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Craig T. Ajmo, DDS</u>	Name and Title:	<u>Christiana C. Ajmo, DMD</u>
Address	<u>2323 Curlew Rd Ste 2D</u>	Address:	<u>2323 Curlew Rd. Ste 2D</u>
	<u>Dunedin, FL 34698</u>		<u>Dunedin, FL 34698</u>

Name and Title:	<u>Melinda D. Ajmo</u>	Name and Title:	_____
Address	<u>2323 Curlew Rd Ste 2D</u>	Address:	_____
	<u>Dunedin, FL 34698</u>		_____

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: Craig T. Ajmo, DDS
Address: 2323 Curlew Rd. Ste 2D
Dunedin, FL 34698

ARTICLE VII INCORPORATOR

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

Name: Craig T. Ajmo, DDS
Address: 2323 Curlew Rd Ste 2D
Dunedin, FL 34698

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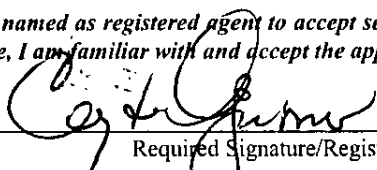
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

March 9, 2015

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

March 9, 2015

Date