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DEPT OF STATE
TALLAHASSEE FLORIDA

17 MAR 30 PM 3:11

3/22/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

MICHAEL KANE
C/O SHAW LAW FIRM, P.A.
2338 IMMOKALEE RD #424
NAPLES, FL 34110

SUBJECT: IMMOKALEE DENTAL, P.A.
Ref. Number: W17000024634

We have received your document for IMMOKALEE DENTAL, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Corporation cannot serv as it own Registered Agent. If Shaw Law Firm, PA is the Registered Agent an authorized rep from The Law Firm must sign.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 217A00005505

COVER LETTER

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

SUBJECT: Immokalee Dental, P.A.

(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: Michael Kane
Name (Printed or typed)

C/O Shaw Law Firm, P.A., 2338 Immokalee Rd., #424
Address

Naples, FL 34110
City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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 NAMEThe name of the corporation shall be: Immokalee Dental, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6A-1013 W Main Street
Immokalee, FL 34142C/O Shaw Law Firm, P.A.,
2338 Immokalee Rd., #424,
Naples, FL 34110**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dental Health Care & Consulting**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael Kane / Pres. Name and Title: _____Address C/O Shaw Law Firm, P.A. Address: _____
2338 Immokalee Rd.,
#424, Naples, FL 34110Name and Title: Michael Kane / Dir Name and Title: _____Address C/O Shaw Law Firm, P.A. Address: _____
2338 Immokalee Rd, #424
Naples, FL 34110

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 MAR 30 PM 3:12
CLERK 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: Michael Kane
Address: C/O Shaw Law Firm, P.A.
2338 Immokalee Rd., #424
Naples, FL 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Kane
Address: C/O Shaw Law Firm, P.A.
2338 Immokalee Rd., #424
Naples, FL 34110

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

Michael Kane
Required Signature/Registered Agent

3/20/17
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.

Michael Kane
Required Signature/Incorporator

3/20/17
Date

17 MAR 30 PM 3:12
DEPT. OF STATE
TALLAHASSEE FLORIDA