

P 17000028742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

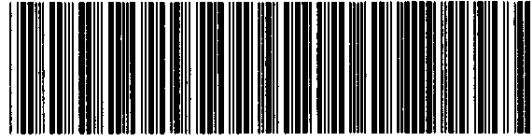
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
17 MAR 30 PM 12:59

C. GOLDEN

MAR 30 2017

FILED
2017 MAR 30 PM 3:44
TREASURY DEPT

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HERNANDO FAMILY DENTISTRY, P.A

Signature _____

Requested by: BA

3/29/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- FILED
2017 MAR 30 PM 3:44
TALLAHASSEE, FL
STATE OF FLORIDA
- ☒ Art of Inc. File _____
 - _____ LTD Partnership File _____
 - _____ Foreign Corp. File _____
 - _____ L.C. File _____
 - _____ Fictitious Name File _____
 - _____ Trade/Service Mark _____
 - _____ Merger File _____
 - _____ Art. of Amend. File _____
 - _____ RA Resignation _____
 - _____ Dissolution / Withdrawal _____
 - _____ Annual Report / Reinstatement _____
 - ☒ Cert. Copy _____
 - _____ Photo Copy _____
 - _____ Certificate of Good Standing _____
 - ☒ Certificate of Status _____
 - _____ Certificate of Fictitious Name _____
 - _____ Corp Record Search _____
 - _____ Officer Search _____
 - _____ Fictitious Search _____
 - _____ Fictitious Owner Search _____
 - _____ Vehicle Search _____
 - _____ Driving Record _____
 - _____ UCC 1 or 3 File _____
 - _____ UCC 11 Search _____
 - _____ UCC 11 Retrieval _____
 - _____ Courier _____

COVER LETTER

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

SUBJECT: HERNANDO FAMILY DENTISTRY, 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 ☐ \$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: RONALD W. STEVENS, ESQUIRE

Name (Printed or typed)

P.O. BOX 1444

Address

BRONSON, FLORIDA 32621

City, State & Zip

352-486-3039

Daytime Telephone number

KASDMD@GMAIL.COM

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

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

2017 MAR 30 PM 3:44
STATE OF FLORIDA
TALLAHASSEE, FL 32314

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2017 MAR 30 PM 3:46

ARTICLE I NAME
The name of the corporation shall be: HERNANDO FAMILY DENTISTRY, P.A.

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
5080 COMMERCIAL WAY
SPRING HILL, FLORIDA 34606

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE CLIENTS AND TREAT ALL REASONABLE AND
NECESSARY DENTAL CONDITIONS AS PRESENTED BY OUR CLIENTS INCLUDING REFERRING TO
SPECIALIST WHEN ADVISABLE.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>KENNETH SCHWIEBERT</u>	Name and Title:	_____
Address	<u>17950 NE 53RD LANE</u>	Address:	_____
	<u>WILLISTON, FLORIDA 32696</u>		_____

Name and Title:	<u>PRESIDENT/SECRETARY</u>	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RONALD W. STEVENS, ESQUIRE
 Address: 280 E HATHAWAY AVENUE
BRONSON, FLORIDA 32621

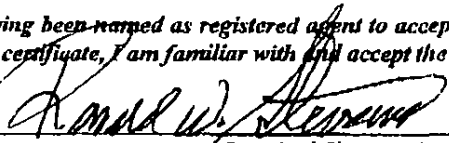
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 2017 MAR 30 PM 3:44
 TALLAHASSEE, FLORIDA
 STATE SECRETARY OF STATE

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RONALD W. STEVENS, ESQUIRE
 Address: 280 E HATHAWAY AVENUE
BRONSON, FLORIDA 32621

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: March 25, 2017 (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

3/29/2017

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

3/29/2017

Date