

P17000 37538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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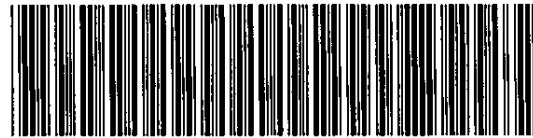
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/17--01034--026 **70.00

17 APR 26 PM 12:11

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APR 24 2017

COVER LETTER

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

SUBJECT: John E. Tiano DDS, 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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Philip A. Goldblum, Esquire
Name (Printed or typed)

285 E. Waterfront Drive, Suite 160
Address

Homestead, PA 15120

City, State & Zip

(412) 464-2230
Daytime Telephone number

jetiano@yahoo.com

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

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

17 AUG 24 09:12:11

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: Incorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Philip A. Goldblum, Esquire
Address: 285 E. Waterfront Drive, Ste. 160
Homestead, PA 15120

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

[Signature] Torie A. Sorensen on behalf 04-18-2017
Required Signature/Registered Agent of Incorp Services, Inc. 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.

[Signature] _____ 4-19-17
Required Signature/Incorporator Date

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: John E. Tiano DDS, P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8960 Cherry Oaks Trail

Naples, FL 34114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental practice

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 APR 24 PM 12:11

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

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Jose A. Sorensen on behalf 04-18-2017
Required Signature/Registered Agent of Incorp Services, Inc. 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.

[Signature] Required Signature Incorporator 4-19-17
Date