

P17000047357

\_\_\_\_\_  
(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



600299634226

05/30/17--01036--021 \*\*70.00

FILED  
17 MAY 30 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 05/31/17

## COVER LETTER

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

SUBJECT: SKANDA 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: SOWMYA KUMAR  
Name (Printed or typed)

145 SANDERLING RUN  
Address

MERRITT ISLAND, FL 32952  
City, State & Zip

321-446-3634  
Daytime Telephone number

VINAY.SOWMYA@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: SKANDA DENTAL P. A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
833 BARTON BLVD

ROCKLEDGE, FL 32955

Mailing address, if different is:

145 SANDERLING RUN

MERRITT ISLAND FL

32952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in the services  
and activities associated with the general  
practice of dentistry.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

FILED  
17 MAY 30 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SOWMYA KUMAR, PSTD Name and Title: \_\_\_\_\_

Address 145 SANDERLING RUN Address: \_\_\_\_\_

MERRITT ISLAND

FL 32952

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: SOWMYA . KUMAR  
Address: 145 SANDERLING RUN  
MERRITT ISLAND, FL 32952

**ARTICLE VII INCORPORATOR**

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

Name: SOWMYA . KUMAR  
Address: 145 SANDERLING RUN  
MERRITT ISLAND, FL 32952

FILED  
17 MAY 30 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

Sowmya . Kumar  
Required Signature/Registered Agent

5/25/2017  
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.*

Sowmya . Kumar  
Required Signature/Incorporator

5/25/2017  
Date