

P17 000088096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

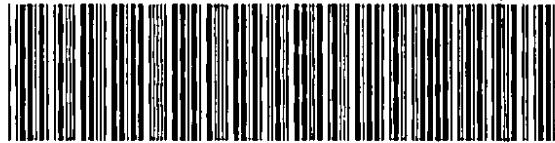
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10/27/17--01035--015 **79.95

NOV 02 2017

K. Brumbley

COVER LETTER

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

SUBJECT: RDC DENTAL 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: RAFAEL D CEPEDA

Name (Printed or typed)

305 UNION STREET E

Address

JACKSONVILLE, FL 32202-2748

City, State & Zip

904-764-7717

Daytime Telephone number

TNTRLTI@BELLSOUTH.NET

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

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

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0366

Email: tntrlt1@bellsouth.net

Web: thursonaccounting.com

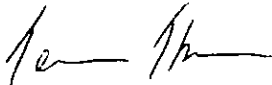
October 19, 2017

**RE: P15000048596
RDC DENTAL PA
Attn: Rafael D. Cepeda
305 Union Street E
Jacksonville, FL 32202**


To Whom This May Concern,

The above referenced individual Mr. Rafael D. Cepeda is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Rafael D. Cepeda - President

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

ARTICLE I NAMEThe name of the corporation shall be: RDC DETNAL PA**ARTICLE II PRINCIPAL OFFICE**Principal street address305 UNION STREET E

Mailing address, if different is:

JACKSONVILLE, FL 32202-2748**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Devel. for police**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RAFAEL D CEPBDA - PRES

Name and Title: _____

Address

305 UNION STREET E

Address: _____

JACKSONVILLE, FL 32202-2748

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: TERENCE N THURSON
Address: 8675 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL D CEPEDA
Address: 305 UNION STREET E
JACKSONVILLE, FL 32202-2748


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	<u>10-19-17</u> _____ Date
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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	<u>10-19-17</u> _____ Date
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