

P18 000 011 650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

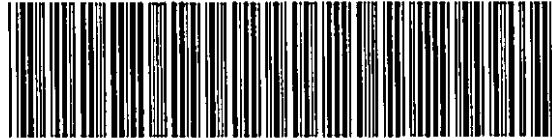
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700308414757

01/29/18--01029--011 **78.75

FILED
18 JAN 29 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFF

FEB 05 2018

COVER LETTER

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

SUBJECT: MEL-ERI ASSOCIATES INC

(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: STEVEN DEMAIO

Name (Printed or typed)

6086 TRIUMPH LN

Address

AVE MARIA, FL 34142

City, State & Zip

201-725-6340

Daytime Telephone number

sdemaio457@aol.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: MEL-ERI ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6084 TRIUMPH LN

AVE MARIA, FL 34142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide billing & insurance collection service to dental practices

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa E. DeMaio

Name and Title:

Address 6084 Triumph Ln

Address:

Ave Maria, FL 34142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
18 JAN 29 PM 4:55
SECRETARY 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: Steven J DeMaio _____

Address: 6084 Triumph Ln _____

Ave Maria, FL 34142 _____

ARTICLE VII INCORPORATOR

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

Name: Steven J DeMaio _____

Address: 6084 Triumph Ln _____

Ave Maria, FL 34142 _____

FILED
18 JAN 29 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

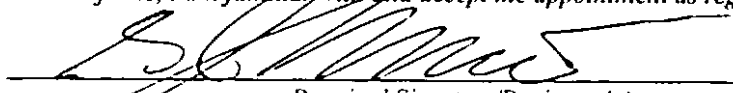
ARTICLE VIII EFFECTIVE DATE:

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

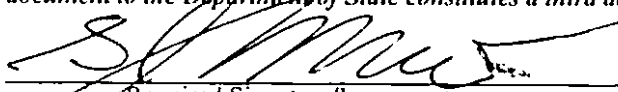


Required Signature/Registered Agent

January 18, 2018

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

January 18, 2018

Date