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(Requestor's Name)

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(City/State/Zip/Phone #)

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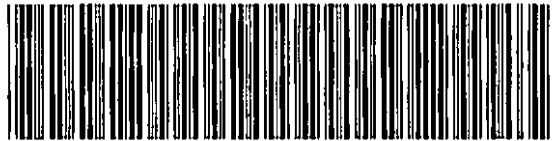
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY -1 AM 10:59
SEC. OF STATE
TALLAHASSEE, FLORIDA

MAY 07 2018

K Brumbley

Dental Sleep Concepts, Inc. Incorporation Cover Letter

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

SUBJECT: Dental Sleep Concepts, 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 ☐ \$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: Robert S. Ura

Name (Printed or typed)

49 4th Avenue N, Unit 104

Address

Minneapolis, MN 55401

City, State & Zip

612-382-4660

Daytime Telephone number

edinabob100@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: Dental Sleep Concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6231 PGA Boulevard

Unit 104-146

Palm Beach Gardens, FL 33418

Mailing address, if different is:

49 4th Avenue N

Unit 104

Minneapolis, MN 55401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical billing and sleep medicine consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Ura - CEO

Address: 508 Club Drive

Palm Beach Gardens, FL 33418

Name and Title: Patricia Braga-Ura - COO

Address: 508 Club Drive

Palm Beach Gardens, FL 33418

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2018 MAY -1 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED

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: Stephen C. Ura
Address: 6231 PGA Boulevard, Unit 104-183
Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Ura
Address: 508 Club Drive
Palm Beach Gardens, FL 33418

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

2018/4/26
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

2018-04-26
Date