

# P18 000047741

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

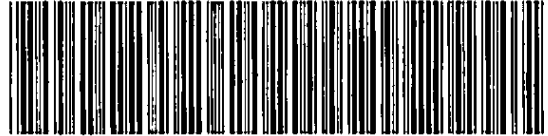
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

N. SAMS

MAY 25 2018



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05/07/18--01031--004 \*\*70.00

FILED  
18 MAY 24 PM 3:43  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2018

MICHAEL REAMS  
16280 E SYCAMORE DR.  
LOXAHATCHEE, FL 33470

SUBJECT: MICHAEL REAMS DENTAL LAB., LLC  
Ref. Number: W18000044130

We have received your document for MICHAEL REAMS DENTAL LAB., LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 818A00009769

18 MAY 24 PM 3:43  
NADIRA D. MCCLEES-SAMS

## COVER LETTER

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

SUBJECT: Michael Reams Dental Lab., 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: Michael Reams  
Name (Printed or typed)

16280 E Sycamore Dr.  
Address

Luxahatchee, Florida 33470  
City, State & Zip

561-798-6307  
Daytime Telephone number

Oronike7@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: Michael Reams Dental Lab., Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16280 E Sycamore Dr  
Loxahatchee, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Reams President

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

Address 16280 E Sycamore Dr  
Loxahatchee, FL, 33470

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

18 MAY 24 PM 3:54  
NOTARIAL PUBLIC  
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: Michael Reams  
Address: 16280 E Sycamore Dr  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Reams  
Address: 16280 E Sycamore Dr  
Loxahatchee, FL 33470

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**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.)

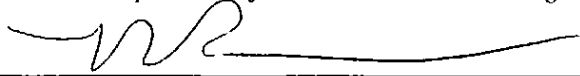
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/30/2018  
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

4/30/2018  
Date