

P/B 000 100 278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

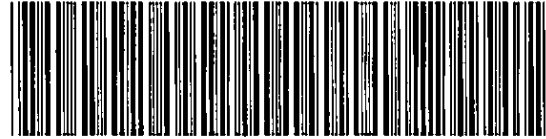
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



D O'KEEFE  
DEC 12 2018

Implant Dental & Denture Care Management Inc.  
512 West Oakland Park Blvd.  
Ft. Lauderdale, Florida 33311

Phone (954) 533-6144  
Phone Fax (954) 530-6119  
E-Mail [www.Implantdental-dentures.com](http://www.Implantdental-dentures.com)

*Dec 3, 2018*

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

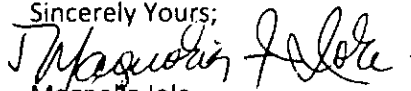
Gentlemen;

Please be advised that I will not reinstate the old Doc # P14000050914, under Implant Dental & Denture Care Management, Inc.

And I am requesting you file the for profit New Corporation using the same name Implant Dental & Denture Care Management, Inc.

If you have any questions, please feel free to call me.

Sincerely Yours;



Magnolia Iole  
Company -President

## COVER LETTER

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

SUBJECT: Implant Dental & Denture Care Management 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: Magnolia Iole  
Name (Printed or typed)

512 W. Oaklawn Park Blvd.  
Address

Ft. Lauderdale, Fla - 33311  
City, State & Zip

954-533-6144  
Daytime Telephone number

ImplantDental-dentures.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: Implant Dental & Denture Care Management, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

512 W. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL - 33311

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all Legal + Lawful Business  
allowed to Transact in Florida -  
Denture & Care Management office -

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAGNOLIA TOLE Pres Name and Title: \_\_\_\_\_

Address: 512 W. OAKLAND Park Blvd Address: \_\_\_\_\_  
FT. LAUDERDALE, FL 33311

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

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

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

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

FILED  
18 DEC 10 PM 1:00  
TALLAHASSEE, FL



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: MAGNOLIA FOLE  
Address: 512 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FLA - 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAGNOLIA FOLE  
Address: 512 W. OAKLAND PARK BLVD  
FT. LAUDERDALE, FLA - 33311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Dec. 3, 2018 (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*

Magnolia Fole  
Required Signature/Registered Agent

12/3/2018  
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.*

Magnolia Fole  
Required Signature/Incorporator

12/3/2018  
Date

SECRET  
TALLAHASSEE, FLORIDA

18 DEC 10 PM 1:00

FILED

