

P19000 000 670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

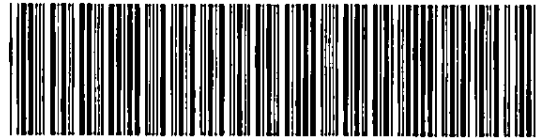
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400322244344

12/27/18--01012--014 **78.75

FILED
18 DEC 27 AM 9:03
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

809

D O'KEEFF

JAN 04 2019

COVER LETTER

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

SUBJECT: Tavares Sleep Solutions, P.A.

(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: Charles Reinertsen, DMD

Name (Printed or typed)

215 E. Burleigh Blvd.

Address

Tavares, FL 32778

City, State & Zip

352-253-6400

Daytime Telephone number

cwrein@mc.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: Tavares Sleep Solutions, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

215 E. Burleigh Blvd.

2567 Tremont Dr.

Tavares, FL 32778

Eustis, FL 32726

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Screening and identifying individuals with Sleep Disordered Breathing

Then either treat the patient with instruction and oral appliances or refer them to the proper individual for treatment.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Reinertsen, President

Name and Title: _____

Address 2567 Tremont Dr.

Address: _____

Eustis, FL 32726

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
18 DEC 27 AM 9:03
STATE OF FLORIDA
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: Charles Reinertsen
Address: 2567 Tremont Dr.
Eustis, FL 32726

ARTICLE VII INCORPORATOR

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

Name: Charles Reinertsen
Address: 2567 Tremont Dr.
Eustis, FL 32726

FILED
18 DEC 27 AM 9:03
CLERK OF COURT
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

Charles W. Reinertsen, DMD
Required Signature/Registered Agent

12/17/2018
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.

Charles W. Reinertsen, DMD
Required Signature/Incorporator

12/17/2018
Date