

PIA0000044808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

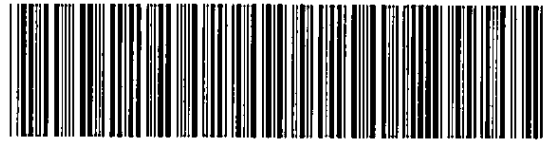
(Business Entity Name)

(Document Number)

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

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08/21/18--01002--025 \*\*76.75

SECRETARY OF STATE  
19 AUG 21 PM 10:24  
TAMM HALL  
HARRISBURG, PA

## COVER LETTER

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

**SUBJECT:** Inoffice Corporation

**(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:** Dr. Steven R. Ury  
\_\_\_\_\_  
Name (Printed or typed)

333 Colony Blvd. Suite 154  
\_\_\_\_\_  
Address

The Villages, Fl 32163  
\_\_\_\_\_  
City, State & Zip

631-942-0287  
\_\_\_\_\_  
Daytime Telephone number

drury@inofficeimplant.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: Inoffice Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1611 Long Loop  
The Villages, FL 32163

Mailing address, if different is:  
333 Colony Blvd  
Suite 154  
The Villages, FL 32163

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide educational programs to dental professionals

**ARTICLE IV SHARES**

The number of shares of stock is: 2000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Steven R. Ury, President Name and Title: \_\_\_\_\_  
Address 1611 Long Loop Address: \_\_\_\_\_  
The Villages, FL 32163

Name and Title: Darius Somekhian, CEO Name and Title: \_\_\_\_\_  
Address 10787 Wilshire Blvd Address: \_\_\_\_\_  
#1004  
Los Angeles, CA 90034

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

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: Dr. Steven R. Ury  
Address: 1611 Long Loop  
The Villages, Fl 32163

**ARTICLE VII INCORPORATOR**

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

Name: Dr. Steven R. Ury  
Address: 1611 Long Loop  
The Villages, Fl 32163

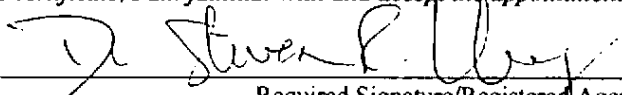
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/19/2019. (OPTIONAL)

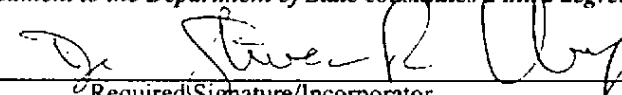
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 8/19/2019  
Required Signature/Registered Agent 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.*

 8/19/2019  
Required Signature/Incorporator Date