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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ID CAD 3D 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: IRIS NADEL

Name (Printed or typed)

1755 EAGLE TRACE BLVD

Address

CORAL SPRINGS 33071 FL

City, State & Zip

9546358315

Daytime Telephone number

IRIS.NADEL@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: ID CAD 3D INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1755 EAGLE TRACE BLVD

CORAL SPRINGS FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DENTAL 3D DESIGN

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IKE HERSHKOVITZ PRESIDENT

Name and Title:

Address 1755 EAGLE TRACE BLVD

Address:

CORAL SPRINGS FL 33071

Name and Title: IRIS NADEL SECRETARY

Name and Title:

Address 1755 EAGLE TRACE BLVD

Address:

CORAL SPRINGS FL 33071

Name and Title:

Name and Title:

Address

Address:

2011 SEP 26 PM 12:09
SECRETARY OF STATE
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: KUBA FARBIARZ
Address: 1755 EAGLE TRACE BLVD
CORAL SPRINGS FL 33071

ARTICLE VII INCORPORATOR

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

Name: KUBA FARBIARZ
Address: 1755 EAGLE TRACE BLVD
CORAL SPRINGS FL 33071

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
9-23-19
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
9-23-19
Date