

P20000014890

(Requestor's Name)

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(City/State/Zip/Phone #)

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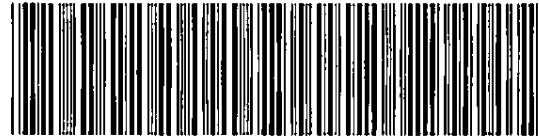
(Business Entity Name)

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TALLAHASSEE, FL

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DATE: 2/19/20

NAME: REBECCA SHIPPEE DMD, P.A.

TYPE OF FILING: ARTICLES

COST: 70.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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: Rebecca Shippee DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2757 Oakbrook Lane

Weston, FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental practice

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca H. Shippee, Pres Name and Title: _____

Address 2757 Oakbrook Lane Address: _____

Weston, FL 33332 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Gary Robert Fine PA

Address: 506 SE 8th Street

Ft. Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

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

Name: Rebecca H. Shippee

Address: 506 SE 8th Street

Ft. Lauderdale, FL 33316

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

X Gary Robert Fine, Director
Required Signature/Registered Agent

2/14/2020
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.

X Rebecca H. Shippee
Required Signature/Incorporator

2/14/2020
Date

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