

P2 00000 98272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

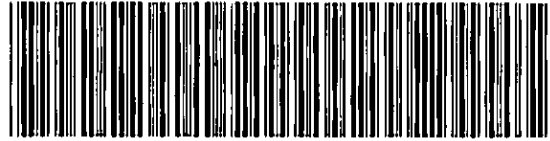
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356798208

FILED
2020 DEC 22 AM 10:47

FILED

12-23

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956

Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/22/2020

PRIORITY Routine

OUR REF.# (Order ID#) 879437

ORDER ENTITY

SOUTH FLORIDA DENTAL LABORATORY ASSOCIATES INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

SOUTH FLORIDA DENTAL LABORATORY ASSOCIATES INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized
Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2020 DEC 22 AM 10:47
FILED

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: SOUTH FLORIDA DENTAL LABORATORY ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3440 Paddock Road
Weston, Florida 33331

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Coletti, Dir. Name and Title: _____

Address 3440 Paddock Road Address: _____
Weston, Florida 33331 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2020 DEC 22 AM 10:47
SOUTH FLORIDA DENTAL LABORATORY ASSOCIATES INC.

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: Peter Coletti

Address: 3440 Paddock Road

Weston, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence A. Kirsch

Address: 90 State Street, Suite 815

Albany, New York 12207

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

Peter Coletti
Required Signature/Registered Agent

12/21/2020
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.

Lawrence A. Kirsch
Required Signature/Incorporator

12/21/2020
Date

FILED
2020 DEC 22 AM 10:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA