

P21 00000 2238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

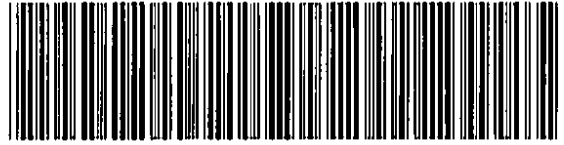
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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01/12/21--01003--003 **70.00

2021 JAN 12 2:38:15 PM

2021 JAN 12 AM 9:46

Handwritten signature and date 1-13-21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FORMA DENT, P.A.

Signature

Requested by: BA

1/12/21

Name

Date

Time

Walk-In

Will Pick Up



Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy



Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

COVER LETTER

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

SUBJECT:

Forma Dent, 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
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:

Jonathan Steszewski, Esq.

Name (Printed or typed)

15100 NW 67th Ave Suite 200

Address

Miami Lakes, FL 33014

City, State & Zip

(305) 631-2438

Daytime Telephone number

Jonathan@steszewskimedina.com

E-mail address (to be used for future annual report notification)

2021 JAN 12 AM 9:46

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: Forma Dent, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
15100 NW 6TH Ave Suite 200
MIAMI LAKES, FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Office.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. William Fonero - P

Address: 15100 NW 6TH Ave Ste 200
Miami Lakes, FL 33014

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2021 JAN 12 AM 9:46

