

P210000003401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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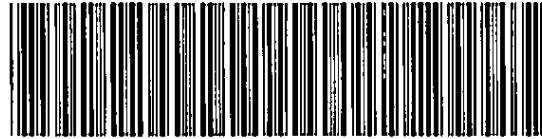
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/17/20--01024--036 --4:07:50

2020 AUG 17 PM 4:24
STATE
OFFICE

COVER LETTER

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

SUBJECT: FIERCE RED JAW, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ALAN S. KELLNER
 Name (Printed or typed)
17638 CIRCLE POND COURT
 Address
BOCA RATON, FL 33496
 City, State & Zip
561-379-0394
 Daytime Telephone number
ASKDENTIST@BELLSOUTH.NET
 E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: FIERCE RED JAW, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17638 CIRCLE POND COURT
BOCA RATON, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT, DENTIST OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAN S. KELLNER (P)

Name and Title: _____

Address 17638 CIRCLE POND CT
BOCA RATON, FL
33496

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FILE

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: ALAN S. KELLNER
Address: 17638 CIRCLE POND CT.
BOCA RATON, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALAN S. KELLNER
Address: 17638 CIRCLE POND CT
BOCA RATON, FL 33496

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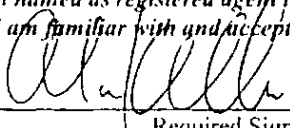
ARTICLE VIII EFFECTIVE DATE:

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.)

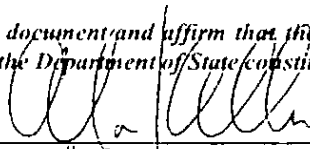
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

✓ 07/21/2020
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.

✓ 
Required Signature/Incorporator

✓ 07/21/2020
Date