

P21000074634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

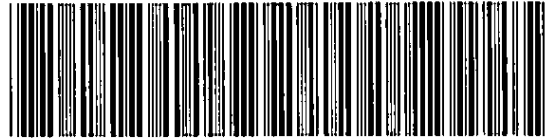
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 20 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FL

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2021 AUG 20 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

I. PROSTHODONTICS & IMPLANT THERAPY SOUTH, P. A.
(Business Name) Document #

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait _____
☐ Photocopy

☐ **Certified Copy of ARTICLES OF ORGANIZATION**

☐ **Certificate of Status**

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () ☐ Other
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

COVER LETTER

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

SUBJECT: PROSTHODONTICS & IMPLANT THERAPY SOUTH, 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 ☐ \$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: JOHN ERVIN, ESQ.
Name (Printed or typed)

100 S ASHLEY DR STE 620
Address

Tampa, FL 33602
City, State & Zip

813-999-0199
Daytime Telephone number

lros@acgislaw.com
E-mail address: (to be used for future annual report notification)

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: PROSTHODONTICS & IMPLANT THERAPY SOUTH, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11948 Boyette Rd

Riverview, FL 33569

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Mohammad R. Iranmanesh-Director Name and Title: Dr. Nika Iranmanesh-Director

Address: 4205 Carrollwood Village Dr Address: 4205 Carrollwood Village Dr

Tampa, FL 33618

Tampa, FL 3618

Name and Title: Dr. Nima Iranmensh-Director Name and Title: Dr. Freshte Esfahanian-Director

Address: 4205 Carrollwood Village Dr Address: 4205 Carrollwood Village Dr

Tampa, FL 33618

Tampa, FL 33618

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: AEGIS LAW

Address: 100 S. Ashley Dr Ste 620

Tampa, FL 33602

ARTICLE VII INCORPORATOR

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

Name: Dr. Nima Iranmanesh

Address: 4205 Carrollwood Village Dr

Tampa, FL 33618

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:

John Ervin

Required Signature/Registered Agent

August 20, 2021

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.

Dr. Nima Iranmanesh

Required Signature/Incorporator

August 20, 2021

Date