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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TILLET ALVARADO & PRENDERGAST
Account Number : I20210000002
Phone : (561)345-2416
Fax Number : (561)907-4965

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PREMIER DENTAL LABS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

COVER LETTER

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

SUBJECT: PREMIER DENTAL LABS, 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: DANIEL M. CASEL

Name (Printed or typed)

1001 W. INDIANTOWN ROAD, SUITE NO. 106

Address

JUPITER, FL 33458

City, State & Zip

561-747-7111

Daytime Telephone number

DOCCASEL@AOL.COM

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

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: PREMIER DENTAL LABS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1001 W. INDIANTOWN ROAD
SUITE NO. 106

JUPITER, FL 33458

Mailing address, if different is:
1001 W. INDIANTOWN ROAD
SUITE NO. 106

JUPITER, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL M. CASEL - PRESIDENT

Name and Title: _____

Address 1001 W. INDIANTOWN ROAD
SUITE NO. 106
JUPITER, FL 33458

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 OCT -6 PM12:47
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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: DANIEL M. CASEL

Address: 1001 W. INDIANTOWN RD., SUITE NO. 106
JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL M. CASEL

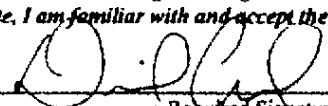
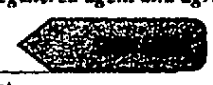
Address: 1001 W. INDIANTOWN RD., SUITE NO. 106
JUPITER, FL 33458

ARTICLE VIII EFFECTIVE DATE:

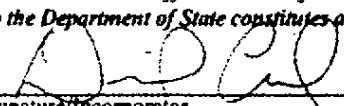
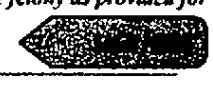
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

  10/06/2021
 Required Signature/Registered Agent 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.

  10/06/2021
 Required Signature/Incorporator Date



September 14, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DANIEL M. CASEL
1001 W INDIANTOWN RD
STE 106
JUPITER, FL 33548US

SUBJECT: PREMIER DENTAL LABS. INC.
REF: W21000124100

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: E21000313681
Letter Number: 721A00022097