

P22 000033949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

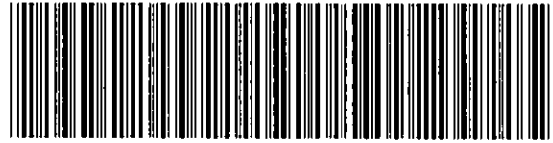
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY -5 AM 9:06
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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

ICON DENTISTRY, P.A.

Signature _____

Requested by: SETH

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 _____
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_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
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_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
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_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
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_____ Courier _____

COVER LETTER

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

SUBJECT: ICON DENTISTRY, 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: JONATHAN LEVINE
Name (Printed or typed)

951 YAMATO ROAD, SUITE 250
Address

BOCA RATON, FLORIDA 33431
City, State & Zip

(561) 994-5956
Daytime Telephone number

ROBERTGBOWMANDDS@YAHOO.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: ICON DENTISTRY, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1707 N.W. St. Lucie West Boulevard

SUITE 126

PORT ST. LUCIE, FLORIDA 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

A DENTAL PRACTICE PROVIDING PROFESSIONAL SERVICES TO PATIENTS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. ROBERT G. BOWMAN, PRESIDENT

Name and Title: _____

Address 1707 N.W. ST. LUCIE WEST BLVD.

Address: _____

SUITE 126

PORT ST. LUCIE, FLORIDA 34986

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: GALVAN MESSICK, PLLC
Address: 951 YAMATO RD, SUITE 250
BOCA RATON, FLORIDA 33431

ARTICLE VII INCORPORATOR

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

Name: DR. ROBERT G. BOWMAN
Address: 1707 N.W. ST. LUCIE WEST BLVD, SUITE 126
PORT ST. LUCIE, FLORIDA 34986

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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:

DocuSigned by: Jonathan Levine 5/4/2022
00C2A40FB7CF4C4... 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.

DocuSigned by: Dr. Robert G. Bowman 5/4/2022
Required Signature/Incorporator Date