

P23000085863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

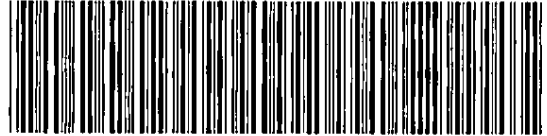
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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NOTICE TO THE PUBLIC
THIS IS A PUBLIC RECORD

2023

12-15-23

CAPITAL CONNECTION, INC.

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

CS SDG Member, P.A.

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



☐ 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 _____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: CS SOG Member, P.A.
PROPOSED CORPORATE NAME - MUST INCLUDE STATE

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: WALTER H. MESSICK
Name (Printed or typed)

951 YAMATO RD., SUITE 250
Address

BOCA RATON, FL 33431
City, State & Zip

561-994-5956
Daytime Telephone number

MESSICKW@GALVANMESSICK.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: CS SDG MEMBER, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3911 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

Mailing address, if different is.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is. _____

TO ENGAGE IN THE PRACTICE OF DENTISTRY AND PROVIDE SERVICES INCIDENT THERETO
AND ENGAGE IN ALL OTHER ACTIVITIES NECESSARY AND PROPER FOR THE
ACCOMPLISHMENT OF SUCH PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRAIG SPODAK, DMD DPTS

Address 3911 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2023

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: CRAIG SPODAK, DMD
Address: 3911 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CRAIG SPODAK, DMD
Address: 3911 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33445

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 document, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dr. Craig Spodak

Required Signature/Registered Agent

12-14-2003

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.

Declassified by:

Dr. Craig Spodak

Required Signature/Incorporator

12-14-2003

Date

2003