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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

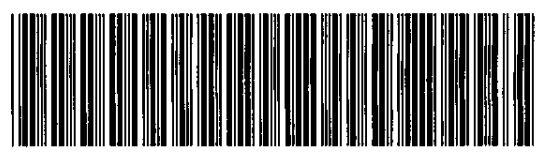
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: GREATER BRANDON DENTAL ASSOCIATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: FREDERICK D. ANDERSON
Name (Printed or typed)

16211 FISHHAWK BLVD
Address

LITHIA FL, 33547
City, State & Zip

813-662-7171
Daytime Telephone number

fdamiananderson@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GREATER BRANDON Dental Association, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13136 Vail Ridge Dr
Riverview, FL 33579

Mailing address, if different is:
P.O. Box 6241
BRANDON, FL 33508

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Greater Brandon Dental Association is established for the mutual benefit and advancement of its members as it relates to the practice of Dental medicine and surgery.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

UNANIMOUS CONSENT OF MEMBERSHIP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAMIAN ANDERSON, DMD.
Address: PRESIDENT
16211 Fishhawk Blvd
Lithia FL 33547

Name and Title: Mohammad Goodarzi, DMD
Address: 627 W Lumsden Rd
BRANDON, FL 33511

Name and Title: JEFFREY MOFFETT, DMD.
Address: Vice President
13136 Vail Ridge Dr
Riverview, FL 33579

Name and Title: _____
Address: _____

Name and Title: ERIC GEIST, DDS.
Address: Secretary
13111 Vail Ridge Dr.
Riverview, FL 33579

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: J.C. FREY MOFFETT, DMD
Address: 13136 Vail Ridge Dr
Riverview, FL 33579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAMIAN ANDERSON
Address: 16211 Fishhawk Blvd
Lithia, FL 33547

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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

[Signature]
Required Signature of Registered Agent

3/31/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

7/31/2012
Date