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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 12 PM 2:55

TRANSMITTAL LETTER

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

SUBJECT: LISA A. KLEIN, DMD, MS, PA
(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 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: LISA A. KLEIN
Name (Printed or typed)

2861 SW 79TH Ave # B-308
Address

DAVIE FLA 33328
City, State & Zip

(954) 423-9781
Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be:

LISA A. KLEIN, DMD, MS, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2861 SW 79 AVE # B-308
DAVIE FLA 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LISA A. KLEIN DIRECTOR/PRESIDENT
2861 SW 79 AVE # B-308
DAVIE FLA 33328

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LISA A. KLEIN
2861 SW 79 AVE # B-308
DAVIE FLA 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISA A. KLEIN
2861 SW 79 AVE # B-308
DAVIE FLA 33328

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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/Registered Agent — 7-9-04 Date

Signature/Incorporator — 7-9-04 Date