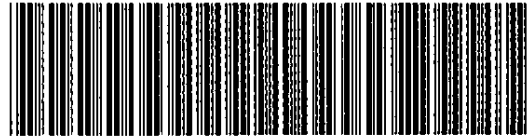


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

09/23/11--01022--005 **70.00

Special Instructions to Filing Officer:

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J. Shivers SEP 26 2011

COVER LETTER

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

SUBJECT: Pike Pediatric Dentistry 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: Talia Pike
Name (Printed or typed)

575 NE 5th Ave
Address

Boca Raton, FL 33432
City, State & Zip

954-856-9955
Daytime Telephone number

tptoothfairy@hotmail.com
E-mail address: (to be used for future annual report notification)

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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: Pike Pediatric Dentistry PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1865 NW Boca Raton Blvd
Ste 102
Boca Raton, FL 33432

Mailing address, if different is:
575 NE 5th Ave
Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct any and all activities in connection with the practice of Pediatric Dentistry.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Talia Pike President
Address: 575 NE 5th Ave
Boca Raton, FL 33432

Name and Title:
Address:

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: Talia Pike
Address: 575 NE 5th Ave
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Talia Pike
Address: 575 NE 5th Ave
Boca Raton, FL 33432

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

Talia Pike (Signature)

Required Signature/Registered Agent

9-19-11

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.

Talia Pike (Signature)

Required Signature/Incorporator

9-19-11

Date

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