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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: Periodontal Associates of Winter Park
(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: Periodontal Associates of Winter Park
Name (Printed or typed)

201 N. Lakemont Ave, Ste 600
Address

Winter Park, FL 32750
City, State & Zip

407-629-6400
Daytime Telephone number

periodntalassociatesofwpe@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Periodontal Associates of Winter Park Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 N. Lakemont Ave, Ste 600
Winter Park, FL 32792

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

** Periodontal Dental Office **

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

2 Name and Title: Dr. Joseph Richardson Name and Title: _____
Address 201 N. Lakemont Ave Address: _____
Ste 600
Winter Park, FL 32792

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Dr. Joseph Richardson
Address: 201 N. Lakemont Ave, Ste 600
Winter Park, FL 32792

ARTICLE VII INCORPORATOR

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

Name: Dr. Joseph Richardson
Address: 201 N. Lakemont Ave, Ste 600
Winter Park, FL 32792

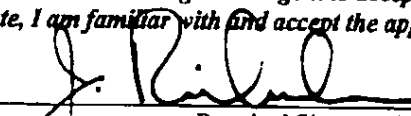
ARTICLE VIII EFFECTIVE DATE:

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

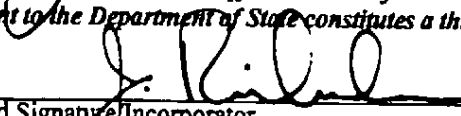


Required Signature/Registered Agent

12-2-19

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.



Required Signature/Incorporator

12-2-19

Date