

P97000094906

Request Name
FRANCISCO MONTAMARTA
1539 MAYO STREET
HOLLYWOOD, FL 33020

800002328838--6
 -10/24/97--01038--009
 *****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Francisco Montamarta, DDS, P.A.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 97 NOV -4 PM 12:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Handwritten signature]
 11/19/97

4

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 28, 1997

FRANCISCO MONTAMARTA, DDS, P.A.
1539 MAYO STREET
HOLLYWOOD, FL 33020

SUBJECT: FRANCISCO MONTAMARTA, DDS, PA
Ref. Number: W97000024455

We have received your document for FRANCISCO MONTAMARTA, DDS, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 597A00052220

ARTICLES OF INCORPORATION

OF

FRANCISCO MONTAMARTA, DDS, P.A.

FOR THE PURPOSE TO PRACTICE DENTISTRY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

I. NAME: The name of the Corporation shall be:

FRANCISCO MONTAMARTA, DDS, P.A.

II. PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be:

1539 MAYO STREET
HOLLYWOOD, FL 33020

III. SHARES: The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

IV. INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

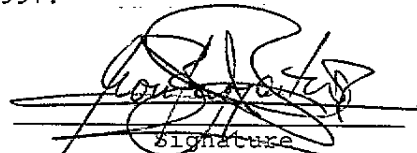
FRANCISCO MONTAMARTA, DDS,
1539 MAYO STREET
HOLLYWOOD, FL 33020

V. INCORPORATORS:

The name and street address of the incorporator to these Articles of Incorporation is:

FRANCISCO MONTAMARTA
1539 MAYO STREET
HOLLYWOOD, FL 33020

The undersigned incorporator has executed these Articles of Incorporation this 8th day of October, 1997.



Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FRANCISCO MONTAMARTA, DDS, P.A.
2. The name and address of the registered agent and office is:

FRANCISCO MONTAMARTA
1539 MAYO STREET
HOLLYWOOD, FL 33020

Having been named as registered agent and to accept service of process
for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent and
agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.


Signature

8/10/97
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED