

**NO4000005770**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

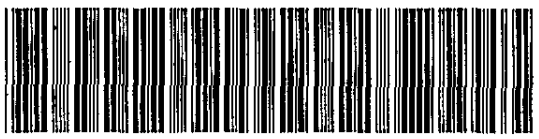
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
TALLAHASSEE, FLORIDA

04 JUN -7 PM 5:06

FILED

*0609-04  
TB.*

**TRANSMITTAL LETTER**

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

**SUBJECT:** South Florida Dental Hygiene 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:** Carroll D. Cameron  
Name (Printed or typed)

PO Box 561715  
Address

Miami, FL 33256-1715  
City, State & Zip

(305) 232-1464  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
South Florida Dental Hygiene Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
14818 Breckness Place  
Miami, Lakes, FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To serve the public by advancing the art and science of dental hygiene; to increase awareness of oral health needs; to improve access to quality health care; to promote the highest standards of dental hygiene education; and to represent the profession of dental hygiene.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Directors are elected yearly at a general membership meeting.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):  
Carroll D. Cameron, PO Box 561715, Miami, FL 33256, President, Director  
Karen Mattox, 14807 Breckness Place, Miami Lakes, FL 33016, Secretary, Director  
Betty L. Meador, 14818 Breckness Place, Miami Lakes, FL 33016, Treasurer, Director

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:  
Betty L. Meador  
14818 Breckness Place  
Miami Lakes, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Carroll D. Cameron  
PO Box 561715  
Miami, FL 33256

\*\*\*\*\*  
*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.*

Betty L. Meador  
Signature/Registered Agent      *BETTY L. MEADOR*

4/3/04  
Date

Carroll D. Cameron  
Signature/Incorporator      *Carroll D. Cameron*

5/28/04  
Date