

NO7000008682

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

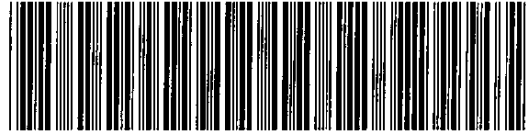
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Adrienne Jolley
AUTHORIZATION BY PHONE TO **GAVE**
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07 AUG 29 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Domestication of the Florida Academy of Cosmetic Dentistry (FACD)

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Adrienne Tooley, CMP, CAE - FACD Executive Director

Name (printed or typed)

325 John Knox Rd, Ste L-103

Address

Tallahassee, Florida 32303

City, State & Zip

(866) 608-3223

Daytime Telephone Number

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

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The undersigned, Adrienne Tooley, CMP, CAE, Executive Director
(Name) (Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

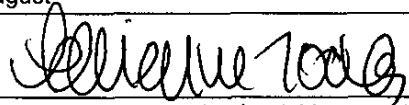
of Florida Academy of Cosmetic Dentistry, Inc. a foreign Corporation,
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 17, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Wisconsin.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Florida Academy of Cosmetic Dentistry, an Affiliate of the American Academy of Cosmetic Dentistry.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Florida Academy of Cosmetic Dentistry, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Wisconsin.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Adrienne Tooley, of Florida Academy of Cosmetic Dentistry, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 28 day of August, 2007.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Florida Academy of Cosmetic Dentistry, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

325 John Knox Road, Ste L-103
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose shall be to uphold and advance the dignity, honor and efficiency of those engaged as cosmetic dentists and their support team, to advance their standards of service to the dental profession and to establish cooperation among the members.

- A. By promoting the economic and social interest of cosmetic dentists and their support team, by promoting high standards of integrity, honor and courtesy in their relations among each other and with the members of the dental profession by disseminating technical knowledge and information among members of the industry and rendering aid in developing their art and craftsmanship, assisting members in the solution of their business and technical problems.
- B. By encouraging strict adherence and compliance with all laws relating to the regulation of the industry and assisting to promote the best interest of the public health and welfare of the State of Florida.
- C. By assisting members in the interpretation and compliance with all governmental decrees, orders, rules and regulations applicable to the field of dental laboratory technology.
- D. By upholding the principles of the Dental Practice Act of the State of Florida and by lending assistance to the dental profession in the prosecution of violators of said act.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board members, other than the President and Immediate Past President, shall be elected at-large by all members in good standing with voting privileges at the annual membership meeting in general session. Officers shall serve for a term of one year, or until their successors have been elected and assume office. The position of President shall have an automatic succession from the position of President-Elect. The position of Immediate Past President shall have an automatic succession from the position of President.

Elected officers may serve for one term of one year. Any elected officer who serves six (6) or more months shall not thereafter be eligible for election to the same office.

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

President

Rob Ritter, DMD
Ritter & Ramsey Restorative Dentistry
500 University Blvd, Ste 109
Jupiter, FL 33458
Phone: 561-626-6667
Fax: 561-627-7211
Email: drritter@ritterandramsey.com

Christopher Ramsey, DMD
Ritter & Ramsey Restorative Dentistry
500 University Blvd, Ste 109
Jupiter, FL 33458
Phone: 561-626-6667
Fax: 561-627-7211
Email: drramsey@ritterandramsey.com

President Elect

Howard Chasolen, DMD
Chasolen & Chasolen
2033 Wood Street, Ste 125
Sarasota, FL 34237
Phone: 941-957-0073
Fax: 941-957-0424
Email: Chasolen@aol.com

Laboratory Liaison

Glynn Watts, CDT
Seven Hills Dental Laboratory
1925-B Welby Way
Tallahassee, FL 32308
Phone: 850-878-0076
Fax: 878-0502
Email: glynnwatts@comcast.net

Treasurer

Victor Martel, DMD
Dentistry of the Palm Beaches
1309 S Flagler Dr
West Palm Beach, FL 33401
Phone: 561-659-5566
Email: martelvic@aol.com

Immediate Past President

Ronald Richardson, Jr., DDS
Smiles by Design
1704 Airport Blvd, Ste A
Melbourne, FL 32901
Phone: 321-723-3477
Fax: 321-952-1469
Email: RRich44@aol.com

Secretary

ARTICLE VI INITIAL REGISTRERED AGENT AND STREET ADDRESS

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

Adrienne H. Tooley, CMP, CAE - Executive Director
325 John Knox Road, Ste L-103
Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

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

Adrienne H. Tooley, CMP, CAE - Executive Director
325 John Knox Road, Ste L-103
Tallahassee, Florida 32303

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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.

Melanie Tooly
Signature/Registered Agent

8/28/07
Date

Melanie Tooly
Signature/Incorporator

8/28/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA