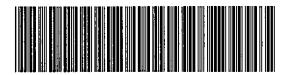
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## FLORIDA DEPARTMENT OF STATE OF

December 5, 2011

LISA ALMEIDA 1035 TWISTED BRANCH LN. ST. CLOUD, FL 34771

SUBJECT: GREATER ORLANDO DENTAL HYGIENISTS' ASSOCIATION INC.

Ref. Number: W11000058926

We have received your document for GREATER ORLANDO DENTAL HYGIENISTS' ASSOCIATION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 711A00026341



#### RECEIVED!

11 DEC -2 AM 10: 27

#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 21, 2011

LISA ALMEIDA 1035 TWISTED BRANCH LN. ST. CLOUD, FL 34771

SUBJECT: GREATER ORLANDO DENTAL HYGIENISTS' ASSOCIATION INC.

Ref. Number: W11000058926

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If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 711A00026341

#### **COVER LETTER**

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

SUBJECT: _	Greater Orlando Dental Hygien ists' Association Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)
_	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and	d one (1) copy of the Artic	les of Incorporation and	a check for :	
<b>√</b> \$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 CO	PY REQUIRED	
FROM: Lisa Almeida Name (Printed or typed)  1035 Twisted Branch Ln.				
St. Cloud, FL. 34771 City, State & Zip				
(407) 738-7079  Daytime Telephone number				

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

Fenway fan 2114 @ yahoo · Com E-mail address: (to be used for future annual report notification)

#### ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	
Greater Orlando Dental Hygienis	sts Association Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different	is:
. 1035 Twisted Branch Ln. St. Cloud, FL. 34771 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: 5000	corporation is organized exclusively for.
charitable, religious, eclucational, and scient	
under section 501 (c)(3) of the Internal Revenue Co	mizations that qualify as exempt organization ade, or the corresponding section of any future
The manner in which the directors are elected or appointed:	is stated in the bulbus.
the directors shall be elected by ballot and a majorit	tel Vote outing and all alast
In the event there is only one nominee for an office	ie, the election may be by voice.
ARTICLE V INITIAL DIRECTORS AND/OR OFFICE	<u>ers</u>
List name(s), address(es) and specific title(s):	Bro →
N/A	TOEC THE
	A 19
ARTICLE VI INITIAL REGISTERED AGENT AND	STREET ADDRESS
The name and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Lisa Almeida	STREET ADDRESS able) of the registered agent is:
1035 Twisted Branch Ln.	·
St. Cloud, FL. 34771	ARTICLE VII EFFECTIVE DATE
ARTICLE VII INCORPORATOR	ARTICLE VIII ETTECTIVE DATE
The <u>name and address</u> of the Incorporator is:  Lisa Almeida	Effective Date: January 1,2012
1035 Twisted Branch Ln.	
5+. Cloud, FL. 34771  **********************************	
Having been named as registered agent to accept service of process for t n this certificate, I am familiar with and accept the appointment as regi	istered agent and agree to act in this capacity.
disa almeida	11/13/2011
Signature/Registered Agent LiSa Almeida	Date
Lisa almeida	_ 11/13/3011
Signature/Incorporator	Date
Lisa Almeida	

EFFECTIVE DATE 01/01/12

### . Article . IX: DISSOLUTION OF CORPORATION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

11 DEC 19 AM 10: 25

EFFECTIVE DATE 01/01/12