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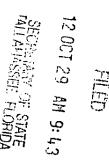
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PICK-UP WAIT	MAIL			
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(Document Number)				
Certified Copies Certificates of	f Status			
Special Instructions to Filing Officer:				
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Office Use Only



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T. SHIMALE OCT 30 SOLS

COVER LETTER

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

SUBJECT: North Central 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

Status

Filing Fee & Certificate of Filing Fee

\$78.75

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Barbara Cooney

Name (Printed or typed)

5616 SW 40th Street

Ocala, Florida 34474

City, State & Zip

352-361-8575

Daytime Telephone number

BunnyCooney@yahoo.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 INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the cor	NAME poration shall be: North Central Flo	rida Denta	1 Hygiene Associa	tion, Inc.	
	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if d	lifferent is:	
	5616 SW 40th Street	<u></u>			_
	Ocala, Florida 34474	<u> </u>			_
•		·· ·		_ _	_
ARTICLE III	PURPOSE				
The purpose for wh	ich the corporation is organized is:				
Business Leag	aue				
Officers are	MANNER OF ELECTION The manner in elected by ballot and a major	n which the director ity vote at	rs are elected and appointed: the June meeting (e	nd of the yea	oa)
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT				
	e: Suzanne Macomber President		c: Diane Tyndali President Elect		_
Address:	5712 SW 40th Place	Address:	4957 SW 45th Circle		_
	Ocala, Florida 34474		Ocala, Florida 34474		_
	1. Constitution of the Constitution		Kathu Caldanith Constant		
	e: Eann Novkov Vice President		e: Kethy Goldsmith Secretary PO Box 772901		_
Address:	1860 SE 43rd Terrace	Address:	Ocala, Florida 34477		_
	Ocala, Florida 34471		CCara, Fichida 34477		_
	le: Barbara Cooney Treasurer	Name and Title	e:		-
Address:	5616 SW 40th Street	Address:			-
	Ocala, Florida 34474	_			_
					_
	<i>REGISTERED AGENT</i> ida street address (P.O. Box NOT acceptable)	of the registered as	pent is:	Fro =	
Name:	Barbara Cooney	or are registered ag	,••••	F 20	
Address:	5616 SW 40th Street	-			
. tudioss.	Ocala, Florida 34474				
				A 5.0	7
ARTICLE VII	INCORPORATOR			AM 9: 4: OF STATE	\mathbb{S}^{\cdot}
	ress of the Incorporator is:			OUNCE SEALS P. 16 MB	
Name:	Barbara Cooney				
Address:	5616 SW 40th Street			8m 2	
71001033.	Ocala, Florida 34474	_			
	d as registered agent to accept service of pro-			e designated in thi	is
cerujicate, i am jan	niliar with and accept the appointment as regis	tered agent and ag	ree to act in this capacity		
Burn	Co		Actual 23	? 30.43	
- Varivar	Required Signature of Registered Agent		October 23	, 2012	
parbara toology	Required Signature of Registered Agent		Date		
	ent and affirm that the facts stated herein are f State constitutes a third degree felony as prov			itted in a documen	nt
Basha	Commission		D. L. 23	? 2012	
Marvais	Required Signature of Incompeter		October 25	, 0012	
Barbara C	ORequired Signature of Incorporator		Date	;	
	<u> </u>				