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(Address)

(Address)

(City/State/Zip/Phone #)

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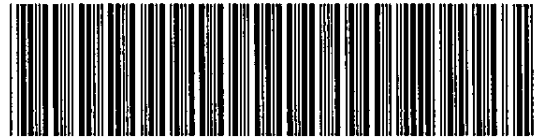
(Business Entity Name)

(Document Number)

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17 MAR 27 PM 2:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: American Academy of Dental Hygiene, 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: Mary Calka

Name (Printed or typed)

2727 75th Street West, 5AC

Address

Bradenton, Florida 34209

City, State & Zip

203-918-3472

Daytime Telephone number

tmcalka@inbox.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 INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: American Academy of Dental Hygiene, Inc.

ARTICLE II PRINCIPAL OFFICE

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Principal street address:
2727 75th Street West, 5AC

Mailing address, if different is: OF STATE
FALLAHASSEE FLORIDA

Bradenton, Florida

34209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The AADH Mission: Professional Growth Through Leadership, Mentorship, and

Foster the continuing pursuit of education and research in the art and science of dental hygiene

Provide formal recognition of excellence in the practice of dental hygiene

Recognize distinguished community service in the effort to foster improved oral health

Our Vision: Advancing Individual Professional Growth through Leadership, Mentorship, and Fellowship

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority of the members

vote at annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia Koons, President

Address: 712 Johnson Street
Ada, Ohio 45810

Name and Title: Winnie Furnari, President-Elect

Address: 82 Onondaga Street
Yonkers, New York 10704

Name and Title: Diana Macri, Treasurer

Address: 140 Pinewood Avenue
Staten Island, New York 10306

Name and Title: Lisa Mallone, Secretary

Address: 4316 Dreid Lane
Dallas, Texas 75205

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Mary Calka

Address: 2727 75th Street West, 5AC
Bradenton, Florida 34209

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Mary Calka

Address: 2727 75th Street West, 5AC
Bradenton, Florida 34209

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mary Calka
Required Signature of Registered Agent

MARCH 22, 2017
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mary Calka
Required Signature of Incorporator
MARY CALKA

MARCH 22, 2017
Date