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TRANSMITTAL LETTER

FILED

00 JAN 28 AM 8:39

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600003069436--2
-12/14/99--01069--001
*****78.75 *****78.75

SUBJECT:

Julie A. Vargo, DDS, MS, P.A.

(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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Julie A. Vargo, DDS, MS

Name (Printed or typed)

1910 Tarpon Lane #204

Address

Vero Beach, FL 32960

City, State & Zip

561-564-8627

Daytime Telephone number

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

W99 28692
PH 1/31/2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 16, 1999

JULIE A. VARGO, DDS, MS
1910 TARPON LANE #204
VERO BEACH, FL 32960

SUBJECT: JULIE A. VARGO, DDS, MS, P.A.
Ref. Number: W99000028692

We have received your document for JULIE A. VARGO, DDS, MS, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the 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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 799A00059134

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Julie A. Vargo, DDS, MS, P.A.

ARTICLE II PRINCIPAL OFFICE

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

1910 Tarpon Lane, Unit 204
Vero Beach, FL 32960

nature of business:
Orthodontic, and
other services.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Julie A. Vargo, DDS, MS

1910 Tarpon Lane, Unit 204
Vero Beach, FL 32960

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Julie A. Vargo, DDS, MS
1910 Tarpon Lane, Unit 204
Vero Beach, FL 32960

 Signature/Incorporator

Julie A. Vargo, DDS, MS

12/10/99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

 Signature/Registered Agent

Julie A. Vargo, DDS, MS

12/10/99
Date