

TRANSMITTAL LETTER
P000000 27940

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

SUBJECT: AUORE REZK, D.M.D., P.A.
(Proposed corporate name - must include suffix)

FILED
00 MAR 13 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300003167813--6
-03/13/00--01147--012
*****78.75 *****78.75

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: Auore RezK, D.M.D.
Name (Printed or typed)

644 SW JEANNE ST
Address

Port St Lucie, FL 34953
City, State & Zip

561 / 336-8201
Daytime Telephone number

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

gjs/20

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.

ARTICLE I NAME

The name of the corporation shall be:

AUORE REZK, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

900 VIRGINIA AVE, SUITE 4
FORT PIERCE, FL 34982

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

AUORE REZK, D.M.D.
900 VIRGINIA AVE SUITE 4
FORT PIERCE, FL 34982

ARTICLE V INCORPORATOR

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

Auore RezK, D.M.D.
900 VIRGINIA AVE SUITE 4
FORT PIERCE, FL 34982

x Auore RezK DMD MARCH 1, 2000
Signature/Incorporator 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

x Auore RezK DMD MARCH 1, 2000
Signature/Registered Agent Date

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