

TRANSMITTAL LETTER

**P00000061073**

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

*Ebrahim H MAMSA PA*

SUBJECT:

~~MAMSA STATE~~ ~~HALL MARK DENTAL~~

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003243014--8  
-05/08/00--0118--002  
\*\*\*\*\*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:

*DR. Ebrahim H. Mamsa*

Name (Printed or typed)

*11552 Ruby Lake Road*

Address

*Orlando, FL 32836*

City, State & Zip

*(407) 239-0916*

Daytime Telephone number

*no copy 73.*

00 JUN 22 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

T. Burch JUN 23 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 12, 2000

DR. EBRAHIM H. MAMSA  
11522 RUBY LAKE ROAD  
ORLANDO, FL 32836

SUBJECT: EBRAHIM H. MAMSA P.A.  
Ref. Number: W00000012476

We have received your document for EBRAHIM H. MAMSA 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 name of the entity must be identical throughout the document.

You must list the corporation's principal office and/or a mailing address in the document.

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

You must list at least one incorporator with a complete business street address.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please list the street address of each officer/director.

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) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 200A00026684

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

EBRAHIM H MAMSA, P. A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11522 RUBY LAKE RD  
ORLANDO, FL 32836

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL PURPOSE  
DENTAL OFFICE

## ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

EBRAHIM H MAMSA  
11522 RUBY LAKE RD  
ORLANDO FL 32836

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EBRAHIM H MAMSA  
11522 RUBY LAKE RD  
ORLANDO FL 32836

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EBRAHIM H MAMSA  
11522 RUBY LAKE RD  
ORLANDO FL 32836

\*\*\*\*\*

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

X  
Signature/Registered Agent EBRAHIM H MAMSA

Date 5/2/00

✓  
Signature/Incorporator EBRAHIM H MAMSA

Date 5/2/00

FILED  
00 JUN 22 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA