

TRANSMITTAL LETTER

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

SUBJECT: Derek R. Fleitz, D.D.S., P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003467358--4  
-11/16/00--01013--0114  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

two(2) copies

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: Derek R. Fleitz, D.D.S.  
Name (Printed or typed)

P.O. Box 611373  
Address

Rosemary Beach, FL 32461  
City, State & Zip

(850) 763-5309  
Daytime Telephone number

FILED  
00 NOV 16 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CB 11-20

## ARTICLES OF INCORPORATION

FILED

00 NOV 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I      NAME

The name of the corporation shall be: Derek R. Fleitz, D.D.S., P.A.

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business and mailing address is: 2407 W. 11<sup>th</sup> Street, Panama City, Florida 32401

### ARTICLE III      PURPOSE

The purpose for which the corporation is organized is to own and operate a dental office.

### ARTICLE IV      SHARES

The number of shares of stock is: 100

### ARTICLE V      INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):      President/Director      Derek R. Fleitz  
2407 W. 11<sup>th</sup> Street  
Panama City, FL 32401

### ARTICLE VI      REGISTERED AGENT

The name and Florida street address of the registered agent is:      Derek R. Fleitz  
2407 W. 11<sup>th</sup> Street  
Panama City, FL 32401

### ARTICLE VII      INCORPORATOR

The name and address of the Incorporator is:      Derek R. Fleitz  
2407 W. 11<sup>th</sup> Street  
Panama City, FL 32401

*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.*

*Derek R. Fleitz, DDS*

Signature/Registered Agent  
Derek R. Fleitz

*15 NOV 00*

Date

*Derek R. Fleitz, DDS*

Signature/Incorporator  
Derek R. Fleitz

*15 NOV 00*

Date