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TRANSMITTAL LETTER

FILED

00 DEC 20 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-12/20/00--01034--003
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SUBJECT: CENTRAL FLORIDA ORTHODONTIC ASSISTANT ACADEMY, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MARC FRAGA
Name (Printed or typed)

5000 SAWGRASS VILLAGE CIRCLE, SUITE 30
Address

PONTE VEDRA BEACH, FL 32082
City, State & Zip

(904) 280-6294
Daytime Telephone number

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

* one original plus 2 copies enclosed

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CENTRAL FLORIDA ORTHODONTIC ASSISTANT ACADEMY, INC.**

ARTICLE I

Name

The name of this corporation is:

CENTRAL FLORIDA ORTHODONTIC ASSISTANT ACADEMY, INC.

ARTICLE II

Purpose

This corporation has been formed to transact any and all lawful business and to exercise all powers granted to corporations by the laws of the State of Florida. In furtherance of the foregoing, and not in limitation thereof, this corporation shall have the power and authority to do everything necessary, proper or incidental to the accomplishment of its purposes.

ARTICLE III

Authorized Capital

The total number of shares that this corporation is authorized to issue is One Thousand (1,000) shares of Common Stock, par value of One Cent (\$0.01) each.

ARTICLE IV

Duration

This corporation will exist perpetually until legally dissolved.

ARTICLE V

Principal Office; Mailing Address

The initial mailing address of this corporation shall be: 5000 Sawgrass Village Circle, Suite 30, Ponte Vedra Beach, FL 32082. The principal office of this corporation will be at 990 N. State Road 434, Suite 1188, Altamonte Springs, Florida 32714.

ARTICLE VI

Directors

The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the corporation or until such time that a successor is duly elected and shall qualify to serve as director, is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Jean-Pierre Pontier, D.M.D., M.S.	990 N. State Road 434, Suite 1188 Altamonte Springs, FL 32714

ARTICLE VII

Incorporator

The name and address of the sole incorporator of the corporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Marc Fraga	5000 Sawgrass Village Circle, Suite 30 Ponte Vedra Beach, FL 32082

ARTICLE VIII

Registered Agent

The name of the initial registered agent of this corporation and the street address of the initial registered office of this corporation is:

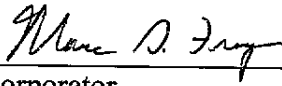
<u>NAME</u>	<u>ADDRESS</u>
Marc Fraga	5000 Sawgrass Village Circle, Suite 30 Ponte Vedra Beach, FL 32082

ARTICLE IX

Amendment

This corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 19th day of December, 2000.



Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

CENTRAL FLORIDA ORTHODONTIC ASSISTANT ACADEMY, INC.

2. The name and address of the registered agent and office are:

Marc Fraga
5000 Sawgrass Village Circle, Suite 30
Ponte Vedra Beach, FL 32082

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:

Marc D. Fraga

DATE:

12/19/00

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TALLAHASSEE, FLORIDA