POIOOIT811 TRANSMITTAL LETTER

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

SUBJECT:	rober c.m. barr,	-			
	(PROPOSED CORPORAT		O TAL	RECEIVED	
\$70.00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 SF Filing Fee Spy Certified Copy & Certificate of Status COPY REQUIRED	IVED	
FROM:	Robert H. Bar Name (Pr	inted or typed)			
	5307 Pimlico Dr.				
	А	ddress			
	Tallahassee,				
	City, S	State & Zip	0000047215 -12/13/01010 ******78.75	504 008004 *****78.75	
	Daytime Te	lephone number		•	

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

9/10/10

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Robert H. Barr, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5307 Pimlico Rr. Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operation of a dental practice and all other legal endeavors.

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Robert H. Barr 5307 Pimlico Dr. Tallahassee, FL 32312

ARTICLE VI REGISTERED AGENT

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

Robert H. Barr 5307 Pimlico Dr. Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert H. Barr 5307 Pimlico Dr. Tallahassee, FL 32312

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Having been named as registered agent to accept service of process for the above stated corporation at the place design	znated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	

Klest Bare	1272-01
Signature/Registered Agent	Date
Ale Ban	12-12-01
Signature/Incorporator	Date