

P01000118117

TRANSMITTAL LETTER

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

SUBJECT:

Karina F. Leal, D.M.D., PA

(Proposed Corporation 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

000004724660--8
-12/13/01--01054--003
*****87.50 *****87.50

FROM:

Karina F. Leal, D.M.D.
Name (Printed or typed)

1897 Palm Beach Lakes Blvd.
Address

West Palm Beach, Florida 33409
City, State & Zip

561-686-2477
Daytime Telephone number

FILED
01 DEC 13 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ag 12/13

ARTICLES OF INCORPORATION
OF

Karina F. Leal, D.M.D., PA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Karina F. Leal, D.M.D., PA

The address of the principal office of this corporation shall be:

1897 Palm Beach Lakes Blvd. West Palm Beach, Florida 33409

and the mailing address shall be the same.

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ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, including but not limited to the practice of Periodontics and to engage in every phase and aspect of the business of rendering the same professional services to the public that a dentist duly licensed under the laws of the State of Florida is authorized to render, but such professional services shall be rendered only through officers, employees and agents who are duly licensed under the laws of the State of Florida to practice Periodontics therein.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock have \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 1897 Palm Beach Lakes Blvd. West Palm Beach, Florida 33409, and the name of the initial registered agent of the

corporation at that address is Karina F. Leal, D.M.D. Said agent shall indicate acceptance of said designation by executing these Articles of Incorporation where indicated.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and street addresses of the initial member of the Board of Director is:

Karina F. Leal, D.M.D.

1897 Palm Beach Lakes Blvd.

West Palm Beach, Florida 33409

ARTICLE VII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Karina F. Leal, D.M.D., President

1897 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33409

Karina F. Leal, D.M.D., Vice President

1897 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33409

Karina F. Leal, D.M.D., Secretary

1897 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33409

ARTICLE VIII. INCORPORATOR

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

Karina F. Leal, D.M.D.
1897 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33409

THE UNDERSIGNED subscriber has executed these Articles of Incorporation this 12th day of December, 2001

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 12th day of December, 2001, Karina F. Leal, D.M.D., who is personally known to me or who has produced his Florida driver's license Florida driver's license as identification.



Allison Judkins
MY COMMISSION # CC958771 EXPIRES
August 6, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public, State of Florida, at Large

My Commission expires: 8/6/04

Allison Judkins

REGISTERED AGENT - ACCEPTANCE AND RECOGNITION OF APPOINTMENT

Karina F. Leal, D.M.D.

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TALLAHASSEE, FLORIDA