

P020000008628

TRANSMITTAL LETTER

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

900004783589--8  
-01/18/02--01019--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MT DORA DENTURE CENTER, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: MT DORA DENTURE CENTER, INC  
Name (Printed or typed)

1585 NORTH ROCK SPRINGS ROAD  
Address

APOPKA, FL 32712  
City, State & Zip

407 884-1848  
Daytime Telephone number

2002 JAN 18 AM 11:14  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

*g* 1/25/02

**ARTICLES OF INCORPORATION**

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

**FILED**

2002 JAN 18 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

MT DORA DENTURE CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1585 NORTH ROCK SPRINGS ROAD  
APOPKA, FL 32712

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS PURPOSE.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

RICHARD PETRILLI, PRESIDENT  
1585 NORTH ROCK SPRINGS ROAD  
APOPKA, FL 32712

**ARTICLE VI REGISTERED AGENT**

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

RICHARD PETRILLI  
1585 NORTH ROCK SPRINGS ROAD  
APOPKA, FL 32712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

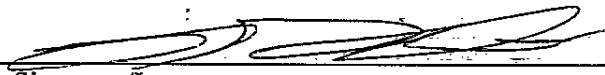
RICHARD PETRILLI  
1585 NORTH ROCK SPRINGS ROAD  
APOPKA, FL 32712

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*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*

  
Signature/Registered Agent

1-16-02  
Date

  
Signature/Incorporator

1-16-02  
Date