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

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SUBJECT:

Alexsa P. Dávila, DMD, PA.

(Proposed corporate name - must include suffix)

500004890895--0 -02/07/02--01069--004 ******70.00 ******70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Alexsa Dávila
Name (Printed or typed)

5817 W. Riverbend Rd.

Dunnellon, FL 34433 City, State & Zip

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352 489-4843

Daytime Telephone number

NEWTROFIT

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Alexsa P. Dávila, DMD, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5817 W. Riverbend Rd.

> Dunnellon, FI 34433

ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

Alexsa P. Dávila . 5817 W. Riverbend Rd. Dannellon, Fl 34433

ARTICLE y INCORPORATOR

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

Alexsa P. Dóvila 5817 W. Riverbend Rd. Dunnellon, Fl 34433



Article VI Purpose of professional Corporation

e Dentistry additional article must be added if an effective date is requested.)

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/Registered Agent

1-24-02