

TRANSMITTAL LETTER

P020000/9298

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

SUBJECT: DOUGLAS R. FABIANI DMD PA
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004948030--4
 -02/18/02--01051--005
 *****70.00 *****70.00

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:

DOUGLAS R. FABIANI

Name (Printed or typed)

500 TRINITY LN. N. Apt 5206

Address

SAINT PETERSBURG, FL 33716

City, State & Zip

(727) 299 9574

Daytime Telephone number

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

02 FEB 18 PM 2:06

FILED

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

02-20-02

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DOUGLAS R. FABIANI DMD PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

500 TRINITY LN. N. APT 5206

SAINT PETERSBURG, FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DOUGLAS R. FABIANI - PRESIDENT / DIRECTOR

500 TRINITY LN. N. APT 5206

SAINT PETERSBURG, FL [REDACTED] 33716

ARTICLE VI REGISTERED AGENT

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

DOUGLAS R. FABIANI

500 TRINITY LN. N. APT 5206

SAINT PETERSBURG, FL 33716

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUGLAS R. FABIANI

500 TRINITY LN. N. APT 5206

SAINT PETERSBURG, FL 33716

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

Douglas R. Fabiani
Signature/Registered Agent

1/17/02
Date

Douglas R. Fabiani
Signature/Incorporator

1/17/02
Date

FILED
02 FEB 18 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA