

PO200004858
TRANSMITTAL LETTER

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

800005348558-9
-04/25/02-01057-012
*****78.75 *****78.75

SUBJECT: Marai Vales, D.M.D., P.A.
(PROPOSED CORPORATE 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
& Designation of
Registered Agent

\$78.75
Filing Fee
& Certificate
Of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee & Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ana Marai Vales
Name (Printed or typed)
1488 - 73rd Circle N.E.
Address
St. Petersburg, FL 33702
City, State & Zip
(727) 525-6224
Daytime Telephone number

FILED
02 APR 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gy 4/19

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:

Marai Vales, D.M.D., P.A.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1488 – 73rd Circle N.E.
St. Petersburg, FL 33702

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

Dental Practice

ARTICLE IV - SHARES OF STOCK

The number of shares of stock is:

1,000 Shares @ \$1 par value

ARTICLE V – INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Ana Marai Vales
1488 – 73rd Circle N.E.
St. Petersburg, FL 33702

ARTICLE VI – REGISTERED AGENT

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

Stephen Simone, C.P.A.
6439 Central Avenue
St. Petersburg, FL 33710-8411

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ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Ana Marai Vales
1488 – 73rd Circle N.E.
St. Petersburg, FL 33702

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of April, 2002


Name

4/19/02
Date

Name

Date

Name

Date

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

Marai Vales, D.M.D., P.A.

2. The name and address of the registered agent and office is:

Stephen Simone, C.P.A.
Stephen Simone, P.A.
6439 Central Avenue
St. Petersburg, FL 33710-8411

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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: _____

Stephen Simone