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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Paul Lynch DDS, 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	☐ $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: Paul Lynch DDS
Name (Printed or typed)

6138 Caliber Court
Address

New Port Richey, Fl. 34655
City, State & Zip

Daytime Telephone number

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

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:

Paul Lynch DDS, P.A.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

6630 Ridge Road, Port Richey, Florida

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Dentistry

ARTICLE IV SHARES
The number of shares of stock is:

5000 shares @ 0.50 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

Paul Lynch, Pres./Director
6138 Caliber Court
New Port Richey, Florida 34655

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ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:

Paul Lynch, DDS
6138 Caliber Court
New Port Richey, Florida 34655

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

Paul Lynch, DDS
6138 Caliber Court
New Port Richey, Florida 34655

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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 — Date: 12/22/02

Signature/Incorporator — Date: 12/22/02