

PO3000065296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

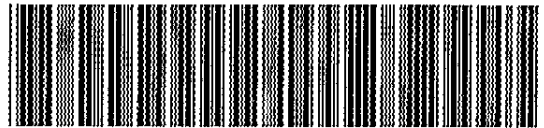
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RECEIVED
03 JUN 12 PM 9:52
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 JUN 12 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Martin and Jacobson Ortho

Signature _____

Requested by HW

6/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF INCORPORATION

FILED
03 JUN 12 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Martin and Jacobson Orthodontics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
7575 West University Avenue, Suite E
Gainesville, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Orthodontic Dental Practice

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The names, addresses and titles of the officers are:

A. Page Jacobson, DDS, MS
President and Treasurer
14128 NW 15 Lane
Gainesville, FL 32606

Dawn L. Martin, DMD, MS
Vice-President and Secretary
9269 SW 30th Lane
Gainesville, FL 32608

ARTICLE VI REGISTERED AGENT

The name and street address of the registered agent is:

Dawn L. Martin, DMD, MS
9269 SW 30th Lane
Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dawn L. Martin, DMD, MS
9269 SW 30th Lane
Gainesville, FL 32608

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in their certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dawn L. Martin, DMD, MS
Signature/Registered Agent Dawn L. Martin, DMD, MS

6/11/03
Date

Dawn L. Martin, DMD, MS
Signature/Incorporator Dawn L. Martin, DMD, MS

6/11/03
Date