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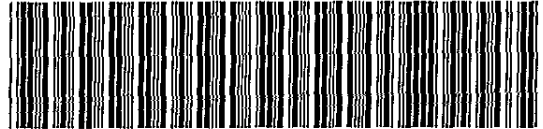
(Business Entity Name)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 16 AM 7:54

**Peter Makris
2110 Drew Street
Clearwater, Florida 33765**

6/10/03

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

Gentlemen:

I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:

**Peter Makris
2110 Drew Street
Clearwater, FL 33765**

If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.

Very Truly Yours,

Peter Makris CPA

Peter Makris

ARTICLES OF INCORPORATION
OF
ADVANCED DENTAL CARE SPECIALISTS CORP.

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
03 JUN 16 AM 7:54

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

ARTICLE I. NAME

The name of the corporation shall be:

ADVANCED DENTAL CARE SPECIALISTS CORP.

The principal place of business of this corporation shall be:

**2951 Tangerine Terrace
Palm Harbor, Florida 34684**

The mailing address of this corporation shall be:

**2951 Tangerine Terrace
Palm Harbor, Florida 34684**

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have two directors and two officers, initially. The names and street addresses of the initial directors and officers who shall hold office for the first year of the corporation's existence, or until their successors are elected or appointed are:

*Jamie Estrada
President*

*2951 Tangerine Terrace
Palm Harbor, Florida 34684*

*Amalia Salazar-Estrada
Vice President*

*2951 Tangerine Terrace
Palm Harbor, Florida 34684*

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to the Articles of Incorporation is:

*Jamie Estrada
President*

*2951 Tangerine Terrace
Palm Harbor, Florida 34684*

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 10 day of JUNE, 2003.

Signature of Incorporator

[Signature]
Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 10 day of JUNE, 2003, by Jamie Estrada of Advanced Dental Care Specialists Corp.

He/She is personally known to me or has produced a driver's license as identification and did not take an oath.

 Personally Known to me, or

✓ Produced Identification: E236-420-61-372-0.

Notary Public



Dori A. Lindsley
Commission # DD190043
Expires April 15, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

[Signature]

CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607.325, 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:**

ADVANCED DENTAL CARE SPECIALISTS CORP.

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

Name: JAMIE ESTRADA

Address: 2951 TANGERINE TERRACE

City: PALM HARBOR, State: FL Zip Code: 34684

SIGNATURE: 

TITLE: President

DATE: 6/10/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: 

DATE: 6/10/03

**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 16 AM 7:54**