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## TRANSMITTAL LETTER

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

SUBJECT:	Edwin F. Jo (PROPOSED CORPORA	hary, D.D.S	E, PA.	
	(PROPOSED CORPORA'	TE NAME <u>*MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Edwin F. Name 2245 NW	Johany, D.D. (Printed or typed)  4th Place Address	s., P.A.	
	Gainesville City,	FL 326	603	
352) 246 - 3387 Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ADVICE E MANUE	03 OCT 15
ARTICLE I NAME  The name of the corporation shall be: Edwin F. Johany, D.D.S., P. A.	03 OCT 16 PH 3: 03 ECT. SOCE, TO SATE
ADTICLE IL DDINGIDAL OFFICE	-74
The principal place of business/mailing address is: 2245 NW 4th Place  Gainesville, FL 326°	3
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: General Dentistry	
ARTICLE IV SHARES The number of shares of stock is: 500	· .
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  President: Edwin F. Johary, D.D.S.	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is: Edwin F. Johan 2245 NW 4 <sup>th</sup>	Place
Gainesville, FL	- 32603
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Edwin F. Johany, D.D.S.  2245 NW 4th Place  Gainesville, FL 32603	
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporation at the p certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	lace designated in this
Signature/Registered Agent Dat	<u>03</u>
Signature/Incorporator Dat	