

P04000027306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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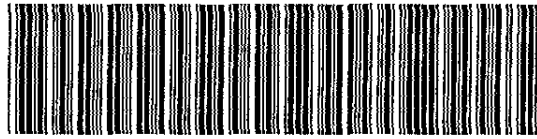
(Business Entity Name)

(Document Number)

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2-11

## TRANSMITTAL LETTER

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

SUBJECT: JEFFREY M. BARLOW, D.D.S., P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

FROM: Danielle L. Schlaufman McBride, J.D., LL.M.  
                    Name (Printed or typed)

30195 Chagrin Blvd., Suite 100  
                    Address

Cleveland, Ohio 44124  
                    City, State & Zip

216-765-1199  
                    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:

JEFFREY M. BARLOW, D.D.S., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

105 North Grove Street  
Merritt Island, FL 32953

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to perform professional dental services and any  
services reasonably related thereto.

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jeffrey M. Barlow, D.D.S., President and Treasurer and sole Director  
4210 Stoney Point Road; Melbourne, FL 32940  
Emily S. Barlow, D.D.S., Secretary  
4210 Stoney Point Road, Melbourne, FL 32940

## ARTICLE VI REGISTERED AGENT

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

Jeffrey M. Barlow, D.D.S.  
105 North Grove Street  
Merritt Island, FL 32953

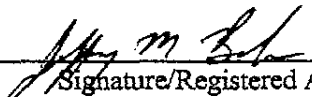
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

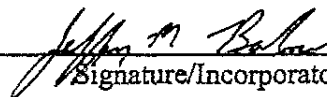
Jeffrey M. Barlow, D.D.S.  
4210 Stoney Point Road  
Melbourne, FL 32940

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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

1-26-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-26-04  
\_\_\_\_\_  
Date

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