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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

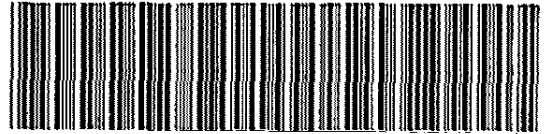
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 MAY 10 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

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

**SUBJECT:** Juliana K Gohill DDS 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Juliana K Gohill  
Name (Printed or typed)

21425 NE 19th Ct.  
Address

North Miami Beach, FL 33179  
City, State & Zip

305. 466. 4626  
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:

Juliana K Gohill DDS P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

21425 NE 19th Ct.  
North Miami Beach, FL 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide general dental services

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares, 1.00 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Juliana K Gohill- Director, President, Sec./ Treas.  
21425 NE 19th Ct.  
North Miami Beach, FL 33179

**ARTICLE VI REGISTERED AGENT**

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

Juliana K Gohill  
21425 NE 19th Ct.  
North Miami Beach, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Juliana K Gohill  
21425 NE 19th Ct.  
North Miami Beach, FL 33179

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TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

Juliana K Gohill  
Signature/Registered Agent

5/5/04  
Date

Juliana K Gohill  
Signature/Incorporator

5/5/04  
Date