

P040000075987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

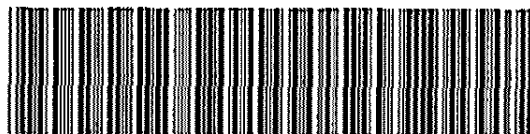
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

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

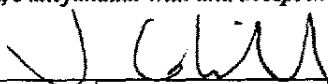
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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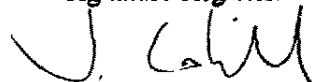
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/5/04

Date



Signature/Incorporator

5/5/04

Date