# P04000107879

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|---|--|--|--|
| (Requestor's Name)                      |  |  |  |
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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04 JUL 19 PH 2: 44

1/2/04

# TRANSMITTAL LETTER

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

| SUBJECT: Roberto        | o Bellegarrigue P.A.                       |                                     |  | <u>.</u>   |
|-------------------------|--|-------------------------------------|--|--|
| <u> </u>                | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCL</u>          | UDE SUFFIX)  |  |
|                         |  |                                     |  |  |
| To do not one on out    | -t11 (1) 64bt-                             |                                     | i a abaale fam   |  |
| Enclosed are an ong     | ginal and one (1) copy of the artic        | cies of incorporation and           | a check for:   |  |
| ☐ \$70.00<br>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 CO                       | PY REQUIRED  |  |
| EDOM. RO                | oberto Bellegarrigue                       |                                     |  |  |
| FROM: 1                 | - Name                                     | (Printed or typed)                  |  |  |
|                         |  |                                     |  |  |
|                         | 311 S. Arrawana Ave. #1                    | \ddress                             |  |  |
|                         |  | 24412-000                           |  |  |
|                         | Tampa, FL                                  |                                     |  | ر المورد الم |
|                         | City,                                      | State & Zip                         | <del></del>  |  |
|                         | 813-870-1935                               |                                     |  |  |
|                         |  | elephone number                     |  | •  |

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 10, 2004

ROBERTO BELLEGARRIGUE DMD 311 S. ARRAWANA AVE. #1 TAMPA, FL 33609

SUBJECT: ROBERTO BELLEGARRIGUE DMD P.A.

Ref. Number: W04000022493

We have received your document for ROBERTO BELLEGARRIGUE DMD P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram Document Specialist New Filings Section

Letter Number: 904A00039434

# 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:

04 JUL 19 PM 2:44

Roberto Bellegarrigue P.A.

CALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 311 S. Arrawana Ave. #1 Tampa, FL 33609

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To deal with the various aspects of Dentistry and Real Estate investing

### ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roberto Bellegarrigue 311 S. Arrawana Ave. #1 Tampa, FL 33609 "Chief Officer"

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Roberto Bellegarrigue 311 S. Arrawana Ave. #1 Tampa, FL 33609

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Roberto Bellegarrigue 311 S. Arrawana Ave. #1 Tampa, FL 33609

| T ** T * T ** T ** T ** T ** T ** T **   | **************************                          |
|--|---|
| ng been named as registered agent to accept service of process for the ficate, I am familiar with and accept the appointment as registered agent | above stated corporation at the place designated in |
| icuie, i um jumaiur prin unu accept ine appoiniment as regisserea agent  | and agree to act in inis capacity                   |
|  | July 14, 2004                                       |
| Signature/Registered Agent   | Date  |
|  | ·   |
| 170  | July 14, 2004                                       |
| Signature/Incorporator   | Date  |