

PO4000107879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

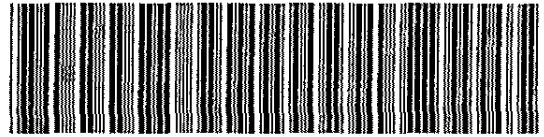
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600037498216

06/09/04--01057--009 **78.75

04 JUL 19 PM 2:44
RECEIVED
STATE OF TEXAS

[Handwritten signature]
7/21/04

TRANSMITTAL LETTER

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

SUBJECT: Roberto Bellegarrigue 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: Roberto Bellegarrigue

Name (Printed or typed)

311 S. Arrawana Ave. #1

Address

Tampa, FL

City, State & Zip

813-870-1935

Daytime Telephone 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)

FILED

04 JUL 19 PM 2:44

ARTICLE I NAME

The name of the corporation shall be:

Roberto Bellegarrigue P.A.

STATE OF FLORIDA
TALLAHASSEE, 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:

one

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:

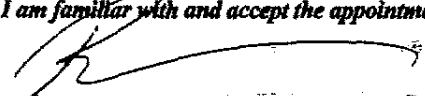
Roberto Bellegarrigue 311 S. Arrawana Ave. #1 Tampa, FL 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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


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

July 14, 2004

Date



Signature/Incorporator

July 14, 2004

Date