

P04000145352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

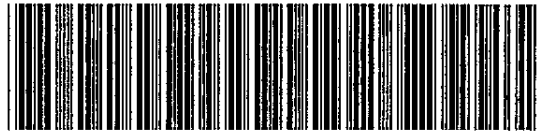
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/21/04 01034--011 \*\*78.75

04 OCT 21 PM 3:14

## TRANSMITTAL LETTER

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

**SUBJECT:** FAMILY DENTAL ARTS, INC.

(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:** (C/O) OMNI SOLUTIONS & ACCOUNTING, LLC  
Name (Printed or typed)

5593 BUFORD HWY NE, STE 3-C  
Address

DORAVILLE, GA 30340  
City, State & Zip

(770) 454-1900  
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:  
FAMILY DENTAL ARTS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:  
PRINCIPAL OFFICE: 1700 WELLS ROAD UNIT #7 ORANGE PARK, FL 32073  
MAILING ADDRESS: 5593 BUFORD HWY STE 3-C ATLANTA, GA 30340

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
NEW BUSINESS/DENTAL LAB

### ARTICLE IV SHARES

The number of shares of stock is:  
400,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
CHOUNG HO KIM  
1496 BECHER LANE  
ORANGE PARK, FL 32073

### ARTICLE VI REGISTERED AGENT

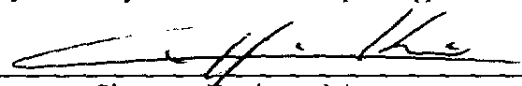
The name and Florida street address of the registered agent is:  
CHOUNG HO KIM  
1496 BECHER LANE  
ORANGE PARK, FL 32073

### ARTICLE VII INCORPORATOR

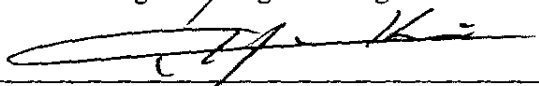
The name and address of the Incorporator is:  
CHOUNG HO KIM  
1496 BECHER LANE  
ORANGE PARK, FL 32073

\*\*\*\*\*

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

9-23-04  
\_\_\_\_\_  
Date

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

9-23-04  
\_\_\_\_\_  
Date

04 OCT 21 PM 3:14  
NOTARIAL SEAL  
NOTARY PUBLIC  
FLORIDA