# P04000146792

(Requestor's Name)		
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	»#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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# TRANSMITTAL LETTER

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

SUBJECT:

Hoosier Dental, PA

(Proposed Corporation name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\_\_\$78.75

\$87.50

Filing Fee & Certified Copy

\_ \$67.50 Filing Fee,

Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

Armando Blardonis, DDS

Name (Printed or typed)

885 Tradewinds Bend

Address

Weston, FL 33027

City, State & Zip

305-986-8379

Daytime Telephone number

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

#### ARTICLES OF INCORPORATION

## OF

## Hoosier Dental, PA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

# ARTICLE I. NAME

The name of the corporation shall be:

## Hoosier Dental, PA

The address of the principal office of this corporation shall be:

5863 N. University Drive Tamarac, Florida 33321

and the mailing address shall be the same.

# ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, including but not limited to the practice of dentistry and to engage in every phase and aspect of the business of rendering the same professional services to the public that a dentist duly licensed under the laws of the State of Florida is authorized to render, but such professional services shall be rendered only through officers, employees and agents who are duly licensed under the laws of the State of Florida to practice dentistry therein.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock have \$I par value per share.

# ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 885 Tradewinds Bend Weston, Florida 33327, and the name of the initial registered agent of the corporation at that address is Armando Blardonis, DDS. Said agent shall indicate acceptance of said designation by executing these Articles of Incorporation where indicated.

### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and street addresses of the initial member of the Board of Director is:

Armando Blardonis, DDS 5863 N. University Drive Tamarac, Florida 33321

## ARTICLE VII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

> Armando Blardonis, DDS, President 5863 N. University Drive Tamarac, Florida 33321

Armando Blardonis, DDS, Vice President 5863 N. University Drive Tamarac, Florida 33321

Armando Blardonis, DDS, Secretary 5863 N. University Drive Tamarac, Florida 33321

## ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Armando Blardonis, DDS 5863 N. University Drive Tamarac, Florida 33321

THE UNDERSIGNED subscriber has executed these Articles of Incorporation this  $\underline{\mathcal{L}}$  day of September, 2004

STATE OF FLORIDA . COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \( \frac{1}{2} \) day of September, 2004
'Armando Blardonis, DDS., who is personally known to me or who has produced his Florida driver's license Florida driver's license as identification.

My Commission expires

REGISTERED AGENT - ACCEPTANCE AND RECOGNITION OF APPOINTMENT

Armando Blardonis, DDS