

PO4000164733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

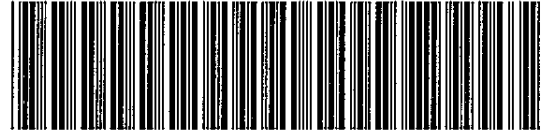
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000042226420

12/07/04--01016--004 \*\*70.00

FILED

04 DEC -7 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE FL 32301

RECEIVED

04 DEC -7 AM 11:03

CLERK  
DIVISION OF CORPORATE  
TALLAHASSEE FL 32301

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Jeffrey D. May, DMD, PA.

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Trade/Service Mark

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☐ Annual Report / Reinstatement

☐ Cert. Copy

☒ Photo Copy

☐ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

Courier

FILED

04 DEC -7 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF INCORPORATION

OF

JEFFREY, D. MAY, D.M.D., P.A.

The undersigned, who is duly licensed to practice dentistry in the State of Florida, desiring to form a professional corporation in accordance with the Florida Business Corporation Act and the Florida Professional Service Corporation, adopt the following Articles of Incorporation:

### I. NAME

The name of the professional Corporation is JEFFREY D. MAY, D.M.D., P.A.

### II. PURPOSE

The purposes for which this corporation is formed are:

1. To engage in the practice of dentistry; to treat, prescribe, diagnose, or operate for any disease, pain, injury, deficiency, deformity, or physical condition of human teeth,, gums, jaws, and adjacent tissues; to furnish, construct, reproduce, or repair prosthetic dentures or bridges to be used and worn as substitutes for natural teeth; and to supply, repair, or construct orthodontic or various appliances used for the correction of malocclusion or deformities of other structures; and to operate an office to provide the public with dental and orthodontic care;

2. To purchase, lease, acquire, own, hold, and operate, and to sell, mortgage, pledge, lease, employ, dispose of, encumber, or invest in real property, mortgages, stocks, bonds, and tangible and intangible personal property, and to enter into contracts, and carry on any business necessary or incidental to the accomplishment or furtherance of the purposes or objectives of the corporation;
3. To do everything otherwise necessary, proper, or convenient for the accomplishment of any of the purposes set forth in these articles of incorporation, and to do every other act and thing incidental to such purposes that is not prohibited by the laws of the State of Florida or by the provisions of these articles of incorporation.
4. The professional services of the corporation shall be carried on only through officers, employees, and agents who are licensed in the State of Florida to render the professional services that the corporation is organized to provide.

### III. DURATION

The term of existence of the Corporation is perpetual.

### IV. REGISTERED OFFICE

The street address of the Corporation's initial registered office in this State is 1029 West Magnolia Street, Leesburg, Lake County, Florida 34748. The initial registered agent is L. E. TAYLOR.

### V. PRINCIPAL OFFICE

The mailing address of the initial principal office of the Corporation is 5102 Miles Stretch Drive, Holiday, Florida 34690.

## VI. PROFESSIONAL SERVICES

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice optometry within the State of Florida.

## VII. INCORPORATORS

The name and address of the incorporator is:

JEFFREY D. MAY 5102 Miles Stretch Drive, Holiday, Florida 34690

## VIII. DIRECTORS

The initial Board of Directors shall consist of one member. The name and address of the Board of Directors is:

JEFFREY D. MAY 5102 Miles Stretch Drive, Holiday, Florida 34690

## IX. SHARE STRUCTURE

Number and Type

The maximum number of shares that the Corporation is authorized to have outstanding is 7500 shares of common stock having a par value of \$1.00 per share.

### Restrictions on Issuance and Transfer

No share of stock of this Corporation shall be issued or transferred to any person who is not an optometrist duly licensed to practice dentistry in the State of Florida.

## X. STATED CAPITAL

The amount of capital with which the Corporation shall begin business is \$1,000.00.

## XI. AMENDMENT OF ARTICLES

The Corporation reserves the right at any time, and from time to time, to amend these Articles of Incorporation in the manner now or hereafter permitted by statute.

XII. ELECTION UNDER PROFESSIONAL CORPORATION ACT

The Corporation elects to be governed by the provisions of the Professional Services Corporation and Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the 3rd day of December, 2004.

  
JEFFREY D. MAY, Incorporator


STATE OF FLORIDA

COUNTY OF LAKE

On December 3rd, 2004, before me, Martha Mullis, a Notary Public in and for the State of Florida, personally appeared JEFFREY D. MAY, known to me to be the person whose name is subscribed to this document, and acknowledged that he executed the document for the purposes contained within it.

IN WITNESS WHEREOF, I sign here and set my official seal.

 **Martha Mullis**  
Commission # DD328721  
Expires July 17, 2008  
Bonded True Faith - Insurance, 1/16 800-365-7019

  
Notary Public

My Commission Expires:

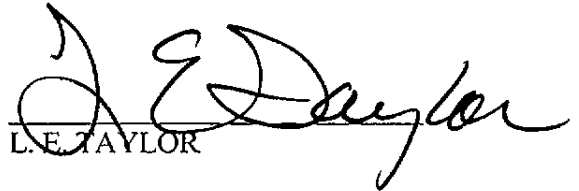
CERTIFICATE OF DESIGNATION  
REGISTERED AGENT

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent in the State of Florida.

1. The name of the corporation is JEFFREY D. MAY, D.M.D, P.A.
2. The name and address of the registered agent is:

L. E. TAYLOR  
1029 WEST MAGNOLIA STREET  
LEESBURG, FLORIDA 34748

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIARY WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
L. E. TAYLOR

December 3, 2004