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TRANSMITTAL LETTER

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

SUBJECT: BRIAN	J KOBITTER DMD PA	TE NAME – MUST INCL	UDE SUFFIX)
	(1101 0552 0012 012	<u></u>	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: BR	IAN J KOBITTER		
	Name	(Printed or typed)	
<u>-</u>	7400 S R 52 Address		
<u>!</u>	HUDSON, FL 34667 City,	State & Zip	
· -	727-430-3489	elephone 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:

BRIAN J KOBITTER DMD PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7400 S R 52 HUDSON, FL 34667

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: **PROVIDE DENTAL SERVICES**

ARTICLE IV SHARES

The number of shares of stock is: 1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRIAN J KOBITTER 7400 S R 52 HUDSON, FL 34667

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

BRIAN J KOBITTER 7400 S R 52 **HUDSON, FL 34667**

INCORPORATOR ARTICLE VII

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

BRIAN J KOBITTER 7400 S R 52 HUDSON, FL 34667

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

01/03/05

Date

01/03/05

Date

Signature/Incorporator