

P05000004348

(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:

W05647

Office Use Only



100043658611

01/04/05--(01032--002 \*\*18.75

FILED

05 JAN -4 PM 12:15

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
JAN 4 2005  
TALLAHASSEE, FLORIDA

01-10-05

## CAPITAL CONNECTION, INC.

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

Harold R. Arthur, Jr., DMD, P.A.

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 \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 5, 2005

CAPITAL CONNECTION, INC.

SUBJECT: HAROLD R. ARTHUR, JR., D.M.D., P.A.  
Ref. Number: W05000000647

We have received your document for HAROLD R. ARTHUR, JR., D.M.D., 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 specific nature of business of the professional association must be stated in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 405A00000699

**RE-SUBMIT**

PLEASE OBTAIN THE ORIGINAL  
FILE DATE

FILED  
05 JAN -4 PM 12:15  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**HAROLD R. ARTHUR, JR., D.M.D., P.A.**

A Corporation For Profit

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

**ARTICLE I**

The name of the corporation is: HAROLD R. ARTHUR, JR., D.M.D., P.A. The purpose is a professional dentistry practice.

**ARTICLE II**

The street address of the principal office of the Corporation is 1009 S.W. 11<sup>th</sup> Street, Live Oak, FL 32064.

**ARTICLE III**

The maximum number of shares this Corporation is authorized to issue is 10,000.

**ARTICLE VI**

The initial street address of this Corporation's principal office is:

1009 S.W. 11<sup>th</sup> Street  
Live Oak, FL 32064

The name and address of the initial registered agent of this Corporation is:

James W. Prevatt, Jr.  
105 N. Ohio Avenue  
Live Oak, Florida 32064


**ARTICLE V**

The name and address of the Incorporator signing these Articles of Incorporation are:

NAME	ADDRESS
Harold R. Arthur, Jr.	1009 S.W. 11 <sup>th</sup> Street Live Oak, FL 32064

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 30<sup>th</sup> day of December, 2004.

  
HAROLD R. ARTHUR, JR.  
Incorporator

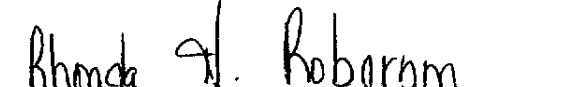
  
JAMES W. PREVATT, JR.  
Registered Agent

STATE OF FLORIDA  
COUNTY OF SUWANNEE

Sworn to and Subscribed before me this 30<sup>th</sup> day of December, 2004, by HAROLD R. ARTHUR, JR., who ☒ is personally known to me or ☐ has produced as identification \_\_\_\_\_, and who executed the foregoing Articles of Incorporation, and acknowledged to and before me that he executed such instrument.



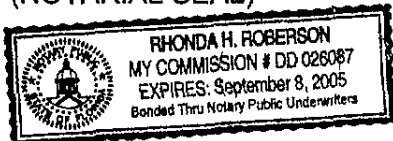
(NOTARIAL SEAL)

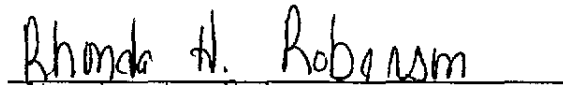
  
Rhonda H. Roberson  
(Type or Print Notary's Name)  
Notary Public  
My Commission Expires: 9-8-05

STATE OF FLORIDA  
COUNTY OF SUWANNEE

Sworn to and Subscribed before me this 30<sup>th</sup> day of December, 2004, by JAMES W. PREVATT, JR., who ☒ is personally known to me or ☐ has produced as identification \_\_\_\_\_, and who executed the foregoing Articles of Incorporation as Registered Agent and acknowledged to and before me that he executed such instrument.

(NOTARIAL SEAL)



  
Rhonda H. Roberson  
(Type or Print Notary's Name)  
Notary Public  
My Commission Expires: 9-8-05

STATE OF FLORIDA  
DEPARTMENT OF STATE

Certificate designating place of business or domicile for the service of process within this state, naming agent upon whom process may be served

James W. Prevatt, Jr.

The following is submitted, in compliance with Chapter 607.034 Florida Statutes:

HAROLD R. ARTHUR, JR., D.M.D., P.A., a corporation organizing under the laws of the State of Florida with its principal offices at 1009 S.W. 11<sup>th</sup> Street, Live Oak, FL 32064 and has named James W. Prevatt, Jr., 105 N. Ohio Avenue, Live Oak, FL 32064 as its agent to accept service of process within this state.

ACCEPTANCE

I agree as Registered Agent to accept service of process; to keep my office open during prescribed hours; and to post my name in some conspicuous place in my office as required by law.

  
\_\_\_\_\_  
JAMES W. PREVATT, JR.  
Registered Agent

FILED  
05 JAN -4 PM 12:15  
TALLAHASSEE, FLORIDA