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REY OF STATE

· TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: HAI V. NGUYEN Name (Printed or typed)				
POOKLENGE EL BOSE				
RockleOGF, Fl. 37955 City, State & Zip 321 - 639-1677 Daytime Telephone number				

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

ARTICLE I NAME The name of the corporation shall be: HAI V. NEWEN, D.D.S. P.A.	05 JAN 12 PM 2:51
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3819 Mullell RD Sume G ROCKLEDGE, FL 32955	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: DENTISTRY	-
ARTICLE IV SHARES The number of shares of stock is: 1500	
ARTICLE V INITIAL OFFICERS/DIRECTORS (op The name(s), address(es) and title(s):	tional)
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is	:
HAI V. NGUYEN 1021 CASCADE CIR APT 106	
PICKLEDGE, FL 32955 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
HAI V. NEWEN 1021 PASCADE CIR APT 100	
ROCKLEDGE, FL 32955 ***********************************	**************
Having been named as registered agent to accept service of process for the certificate. I am familiar with and accept the appointment as registered agen	above stated corporation at the place designated in this
Han T/B	1/10/05 Date
Signature/Registered Agent	Date
	Violet.

ARTICLES OF INCORPORATION

Signature/Incorporator

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA