

705000044470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

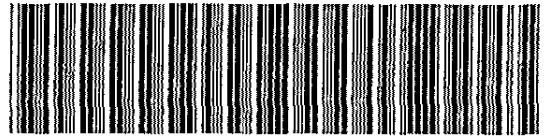
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Certificate of Domestication

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

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Chris J. Butchart

Name (printed or typed)

1042 Hunters Place

Address

Oldsmar, FL 34677

City, State & Zip

727-479-9107

Daytime Telephone Number

FILED
05 MAR 18 PM 2:45
TALLAHASSEE, FLORIDA
DEPT. OF STATE

CERTIFICATE OF DOMESTICATION

The undersigned, Chris J. Butchart, President,
(Name) (Title)

of Chris J. Butchart, DDS, PA a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 1, 2000.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Kansas.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Chris J. Butchart, DDS, PA.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Chris J. Butchart, DDS, PA.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Kansas.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Chris J. Butchart, of Chris J. Butchart, DDS, PA

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17th day of March, 2005

X [Signature]
(Authorized Signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Chris J. Butchart, DDS, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

5420 Webb Rd Suite D-1 Tampa, Florida 33615

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Orthodontics

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Chris J. Butchart President 1042 Hunters Place Oldsmar, Fl 34677 Claudia Butchart Sec/Treas 1042 Hunters Place Oldsmar, Fl 34677

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Chris J. Butchart 5420 Webb Rd Suite D-1 Tampa, Florida 33615

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Chris J. Butchart 5420 Webb Rd Suite D-1 Tampa, Florida 33615

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

X Chris Butchart
Signature/Registered Agent

3/15/05
Date

X [Signature]
Signature/Incorporator

3/15/05
Date

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03 APR 18 PM 2:45
CLERK OF STATE
TAMPA, FLORIDA