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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-23-05  
HLC

**WICKENS  
HERZER  
PANZA  
COOK &  
BATISTA**

William P. Prescott  
Attorney at Law

wprescott@wickenslaw.com

Direct Dial: 440-930-8067  
Main: 440-930-8000  
Cleveland: 216-447-4418  
Facsimile: 440-937-4466

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A LEGAL PROFESSIONAL ASSOCIATION

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35765 Chester Road  
Avon, OH 44011-1262

June 21, 2005

**VIA UPS NEXT DAY AIR**  
**UPS TRACKING NO. N453 170 711 4**

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Reid W. Montini, D.M.D., M.S., P.A.

Dear Sir or Madam:

Enclosed herewith for filing please find the original and one copy of Articles of Incorporation (for profit) which are being submitted on behalf of the above-designated entity.

Further, enclosed is a check in the amount of \$70.00 as the requisite filing fee in this regard. If you have any questions, please call me collect at the above number.

Thanking you in advance for your prompt attention to this matter, I remain

Sincerely yours,

WICKENS, HERZER, PANZA, COOK & BATISTA  
A Legal Professional Association



By: William P. Prescott

WPP/NAA/acs  
Enclosures

## TRANSMITTAL LETTER

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

**SUBJECT:** Reid W. Montini, D.M.D., M.S., P.A.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** William P. Prescott, Esq.

Name (Printed or typed)

35765 Chester Rd.

Address

Avon, OH 44011

City, State & Zip

440 930 8000

Daytime Telephone 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:

Reid W. Montini, D.M.D., M.S., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

7520 W. University Ave., Suite C, Gainesville, FL 34474

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To render and perform professional services in orthodontics and to engage in all other lawful activities.

**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):

Director - Reid W. Montini, D.M.D., M.S., 7386 S.W. 84th Dr., Gainesville, FL 32608

Officer - President/Treasurer/Secretary - Reid W. Montini, D.M.D., M.S., 7386 S.W. 84th Dr., Gainesville, FL 32608

**ARTICLE VI REGISTERED AGENT**

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

Reid W. Montini, D.M.D., M.S.  
7520 W. University Ave., Suite C  
Gainesville, FL 34474

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Reid W. Montini, D.M.D., M.S.  
7386 S.W. 84th Dr.  
Gainesville, FL 32608

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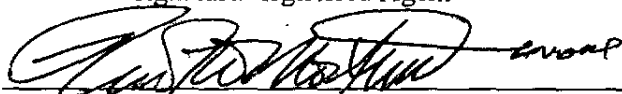
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/14/05

Date



Signature/Incorporator

6/14/05

Date

FILED  
2005 JUN 22 A 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA