

1/18/00

2005 DEC -9 PM 1:18

TALLAHASSEE FLORIDA

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

SUBJECT:

INGRID N. LEE-LOY, D.D.S., PA

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY

FROM: INGRID N. LEE-LOY
Name (Printed or typed)

8154 BRINEGAR CIRCLE
Address

TAMPA FL 33647
City, State & Zip

(813) 615-1150 (813) 598-2028
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

December 12, 2005

INGRID N. LEE-LOY
8154 BRINEGAR CIRCLE
TAMPA, FL 33647

SUBJECT: INGRID N. LEE-LOY, D.D.S., PA
Ref. Number: W05000054655

We have received your document for INGRID N. LEE-LOY, D.D.S., PA and your check(s) totaling \$87.50. 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.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 005A00071503

EFFECTIVE DATE

01/02/06

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: INGRID N. LEE-LOY, D.D.S., PA

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS FOR A DENTAL OFFICE

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

37806 MEDICAL ARTS COURT
ZEPHYRHILLS, FLORIDA, 33541

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

THE TOTAL NUMBER OF SHARES OF STOCK WHICH THE CORPORATION IS AUTHORIZED AT ANY ONE TIME IS 75 SHARES. THESE SHARES SHALL BE OF A SINGLE CLASS OF COMMON STOCK, AND SHALL HAVE A PAR VALUE OF \$1.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

INGRID LEE-LOY
37806 MEDICAL ARTS COURT
ZEPHYRHILLS, FLORIDA 33541

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) these Articles of Incorporation are:

NAME: INGRID LEE-LOY

ADDRESS: 8154 BRINEGAR CIRCLE
TAMPA, FLORIDA 33647

ARTICLE VI DIRECTORS

1. The affairs of this corporation shall be managed by a Board of Directors who shall be elected as provided in the by-laws.
2. The initial Board of Directors shall consist of at least two (2) directors and the names of the initial Board of Directors are:

President INGRID LEE-LOY
Treasurer INGRID LEE-LOY

IN WITNESS WHEREOF, the incorporator have hereunto signed these Articles of Incorporation;

Ingrid Lee Loy
Signature/Incorporator

December 5, 2005
Date

* ARTICLE VII

THE EFFECTIVE DATE OF THE PROFESSIONAL
ASSOCIATION IS JANUARY 2, 2006

R Lee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the corporation is: *INGRID N. LEE-LOY, D.D.S., PA*
2. The name and address of the registered agent and office is:
*37806 MEDICAL ARTS COURT
ZEPHYRHILLS, FLORIDA 33541*

*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 hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.*

Ingrid Lee Loy
(SIGNATURE)

December 5, 2005
(DATE)