

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000102072 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tos

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

Fax Number: (800)494-3124 Fax Number: (305)675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

TEODORE DENTAL PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

X4/17

H060001020723

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: TEODORE DENTAL PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is : 6901 WEST COLONIAL DR ORLANDO FL 32818

OF APR 17 AM 9: 19

ARTICLE III PURPOSE

The purpose for which the corporation is organized is Dental Service.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is: DIRECTOR, PRESIDENT:
CATALIN TEODORU
6901 WEST COLONIAL DR
ORLANDO FL 32818

SECRETARY MARIA TEODORU 6901 WEST COLONIAL DR ORLANDO FL 32818

H060001020723

PAGE 2 TEODORE DENTAL PA

ARTICLE VI REGISTERED AGENT

The name and Fiorida street address of the registered agent is: CATALIN TEODORU 6901 WEST COLONIAL DR ORLANDO FL 32818

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is: CATALIN TEODORU
6901 WEST COLONIAL DR
ORLANDO FL 32818

06 APR 17 AM 9: 19

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.

CATALIN TEODORU/ Registered Agent

CATALIN TEODORU/Incorporator

4/17/6 Date

4/17/6 Date