

P06000073633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

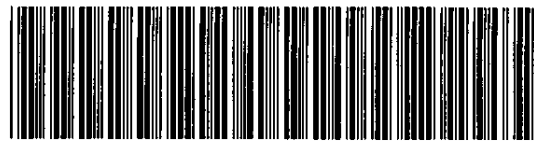
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
06 MAY 26 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.2.5-30

## COVER LETTER

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

SUBJECT: HAILE Endodontics, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Beth Rosenson  
Name (Printed or typed)

184 Westward Dr.  
Address

MIAMI Springs, FL 33166  
City, State & Zip

305-885-1501  
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:

HAILE Endodontics, P.A.

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TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

184 WESTWARD DR.  
MIAMI SPRINGS FL 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RENDER ENDODONTIC PROFESSIONAL SERVICES AND  
ALL OTHER LAWFUL PURPOSES.

## ARTICLE IV SHARES

The number of shares of stock is:

500.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BETH ROSENSON, 184 Westward Dr, Miami Springs  
FL, 33166, President  
STUART BERNSTEIN, DMD, Vice President, 184  
Westward Dr. Miami Springs FL

## ARTICLE VI REGISTERED AGENT

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

Beth Rosenson, 184 Westward Dr, Miami Springs,  
FL

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beth Rosenson, 184 Westward Dr. Miami Springs,  
FL

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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

Beth Rosenson

Signature/Registered Agent

5-25-06

Date

Beth Rosenson

Signature/Incorporator

5-25-06

Date