

P06000091233

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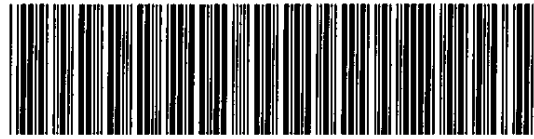
Certificates of Status _____

Special Instructions to Filing Officer:

~~W06-28629~~

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06 JUL 11 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: Houman Dehdashti, DMD, 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: Ali Dehdashti
Name (Printed or typed)

11185 Waterford Avenue
Address

Englewood, FL 34224
City, State & Zip

678-644-6050
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 JUL 11 AM 10:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 23, 2006

ALI DEHDASHTI
11185 WATERFORD AVENUE
ENGLEWOOD, FL 34224

SUBJECT: HOUMAN DEHDASHTI, DMD, P.A.
Ref. Number: W06000028629

We have received your document for HOUMAN DEHDASHTI, DMD, P.A.. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 206A00042034

ARTICLES OF INCORPORATION

OF

HOUMAN DEHDASHTI, DMD, P.A.

FILED

06 JUL 11 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: HOUMAN DEHDASHTI, DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 11185 Waterford Avenue, Englewood, FL 34224

ARTICLE III SPECIFIC PURPOSE FOR "PROFESSIONAL CORPORATION"

The purpose of the corporation is to engage in the business of Dental Medicine of any kind and nature, including, dental medicine practice and any related activities, purchase of dental equipments and related parts and supplies of any kind in order to utilize in dental practice and/or resale to the other dental practices, also any related activities, import and export of any kinds of material, equipments and other supplies that may relate to dental medicine, import and export of any kind and nature specially of aforementioned nature, and any other services and/or material for any lawful purpose, and such other activities that the corporation shall deem proper and for which the corporation shall have a valid license and permit, to do all tasks incident thereto, and to engage in any other business, ventures or undertakings, within and/or outside of state of Florida, without limitation which may be engaged in, by corporations organized for profit pursuant to the Florida Corporation Laws.

ARTICLE IV SHARES

The number of shares of stock is : 10,000 shares of common and preferred stocks of \$10.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The initial Board of Directors of the corporation shall consist of (1) members, which number will not be less than the number of initial shareholder of the corporation, whose name and address is as follow:

**HOUMAN DEHDASHTI, DMD
11185 WATERFORD AVENUE
ENGLEWOOD, FL 34224**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of registered agent is :

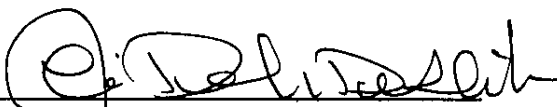
Ali Deh Dashti
11185 Waterford Avenue
Englewood, FL 34224

ARTICLE VII INCORPORATOR:

The name and address of the incorporator is:

Ali Deh Dashti
11185 Waterford Avenue
Englewood, FL 34224

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

6/20/06

Date



Signature/Incorporator

6/20/06

Date

.....

FILED
06 JUL 11 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA