

Р060000105870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

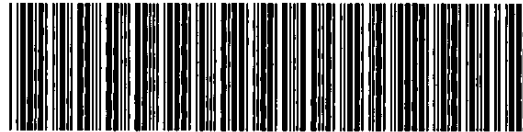
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/06--01053--007 **78.75

06 AUG 14 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W06-34951

COVER LETTER

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

SUBJECT: Kendall Breeze Dental Associates, INC
(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: Kendall Breeze Dental Associates, INC
Name (Printed or typed)

8455 SW 104 St
Address

Miami, FL 33156
City, State & Zip

305-225-5050
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2006

KENDALL BREEZE DENTAL ASSOCIATES, INC
8455 SW 104 ST
MIAMI, FL 33156

SUBJECT: KENDALL BREEZE DENTAL ASSOCIATES, INC
Ref. Number: W06000034951

We have received your document for KENDALL BREEZE DENTAL ASSOCIATES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 606A00049354

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

06 AUG 14 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Kendall Breeze Dental Associates, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8455 SW 104 St, Miami, Fl 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Office

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cathy D Hamilton
8455 SW 104 St
Miami, Fl 33156
Owner

ARTICLE VI REGISTERED AGENT

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

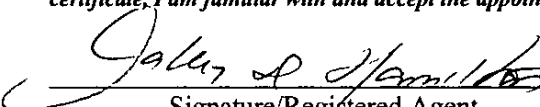
Cathy D Hamilton
8455 SW 104 St
Miami, Fl 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cathy D Hamilton
8455 SW 104 St
Miami, Fl 33156

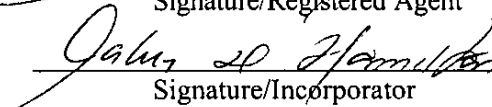
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/12/06

Date



Signature/Incorporator

8/12/06

Date