

P06000139245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

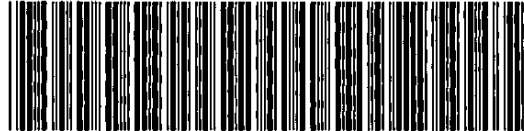
(Document Number)

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RECEIVED  
06 NOV - 3 PM 12:25  
FILED  
06 NOV - 3 PM 12:41  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

D. Brown NOV - 3 2006

## COVER LETTER

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

SUBJECT: MB DENTAL HEALTH SERVICES. 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: MOHAMMED ZAFRULLAH BAIG.  
Name (Printed or typed)

901 RIGGINS RD. # 722  
Address

TALLAHASSEE FL - 32308.  
City, State & Zip

863-833-8704 -  
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)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

MB DENTAL HEALTH SERVICES P.A.  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 NOV -3 PM 12:41

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

901, Riggins Rd #722.  
Tallahassee, FL - 32308.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Private Practice of Dentistry

## ARTICLE IV SHARES

The number of shares of stock is: ONE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MOHAMMED Z. BAIG.  
Director.  
Address: Same as Above.

## ARTICLE VI REGISTERED AGENT

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

MOHAMMED Z. BAIG.  
Address: Same as Above.

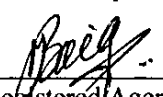
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

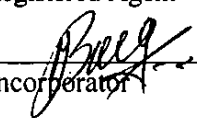
MOHAMMED Z. BAIG.  
Address: Same as Above.

\*\*\*\*\*

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

11-03-06.  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-03-06  
\_\_\_\_\_  
Date