P06000141092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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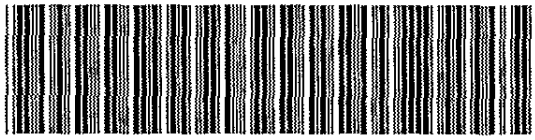

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/9/06

COVER LETTER

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06 NOV -9 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: William J. Rizzo, 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: William J. Rizzo, DMD
Name (Printed or typed)

1803 Park Center Drive, #103
Address

Orlando, FL 32835
City, State & Zip

407 521 8765
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: William J. Rizzo, DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1803 Park Center Dr #103
Orlando, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Do Business in Dentistry

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):

William Rizzo, 1803 Park Center Dr. #103, Orlando FL 32835, President

ARTICLE VI REGISTERED AGENT

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

William J. Rizzo, 1803 Park Center Dr #103
orlando, FL 32835

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

William J. Rizzo, 1803 Park Center Dr #103
orlando FL 32835

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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

Signature/Registered Agent — Date: 11/5/06

Signature/Incorporator — Date: 11/5/06