

P07000003694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

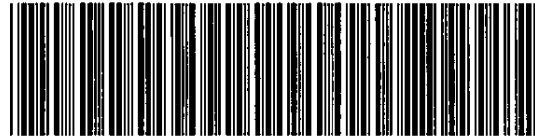
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500082449695

12/21/06--01030--012 **78.75

FILED
07 JAN -9 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bo

COVER LETTER

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

SUBJECT: Dental Solution Services, 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: Wendy B Paquette

Name (Printed or typed)

P.O. Box 21524

Address

St. Petersburg, FL 33742-1524

City, State & Zip

727-547-8233

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2006

WENDY B PAQUETTE
P.O. BOX 21524
ST. PETERSBURG, FL 33742-1524

SUBJECT: DENTAL SOLUTION SERVICES, INC.
Ref. Number: W06000054815

We have received your document for DENTAL SOLUTION SERVICES, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 506A00072301

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:

Dental Solution Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4326 Park Boulevard Suite C-West
Pinellas Park FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing employer services to the Tampa Bay Dental Community

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):

Wendy Paquette, President
1897 Tanglewood Drive NE
St. Petersburg FL 33702

ARTICLE VI REGISTERED AGENT

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

Wendy Paquette
1897 Tanglewood Drive NE
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

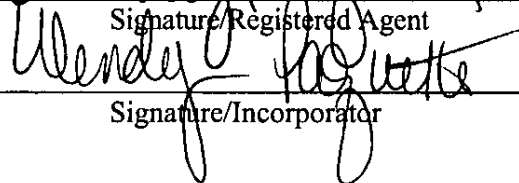
The name and address of the Incorporator is:

Wendy Paquette
1897 Tanglewood Drive NE
St. Petersburg FL 33702

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



Signature/Incorporator

12-18-06

Date

12-18-06

Date

FILED
07 JAN -9 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA