

P070000008348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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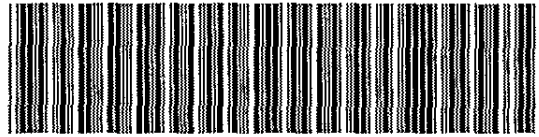
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 1-19-07  
W07-950



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2007

S. KEITH MAHAN  
1224 SLIGH BLVD  
ORLANDO, FL 32806

SUBJECT: S. KEITH MAHAN, D.D.S., P.A.  
Ref. Number: W07000000950

We have received your document for S. KEITH MAHAN, D.D.S., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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: 107A00001496

## COVER LETTER

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

SUBJECT: S. Keith Mahan, D.D.S., 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: S. Keith Mahan, D.D.S.  
Name (Printed or typed)

1224 Sligh Blvd.,  
Address

Orlando, FL 32806  
City, State & Zip

407-841-7241  
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

07 JAN -8 AM 4:14

**ARTICLE I NAME**

The name of the corporation shall be:

S.Keith Mahan, D.D.S., P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1224 Sligh Blvd., Orlando, Fl 32806

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide the principals with a certain degree  
of liability protection, to facilitate tax planning and  
to provide, by conveyence of shares, a way to bring and

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

S. Keith Mahan, D.D.S.- President  
2917 Banchory Rd., Winter Park, Fl 32792

Penny S. Mahan - Vice President  
2917 Banchory Rd., Winter Park, Fl 32792

**ARTICLE VI REGISTERED AGENT**

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

S.Keith Mahan, D.D.S.  
1224 Sligh Blvd., Orlando, Fl 32806

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

S. Keith Mahan, D.D.S.  
1224 Sligh Blvd., Orlando, Fl 32806

\*\*\*\*\*

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

S. Keith Mahan  
Signature/Registered Agent

Jan. 5, 2007  
Date

S. Keith Mahan  
Signature/Incorporator

Jan. 5, 2007  
Date

Dr. S. Keith Mahan, D.D.S.  
1224 Sligh Blvd.  
Orlando, Florida 32806  
407-841-7241

Article VIII

ARTICLES OF INCORPORATION

AN EFFECTIVE DATE: January 1, 2007

Sincerely,  
S. Keith Mahan, D.D.S.