

P07000032926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

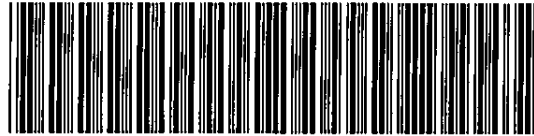
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000092243380

03/14/07--01005--010 **78.75

FILED
07 MAR 14 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/15/07

COVER LETTER

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

SUBJECT: Oakleaf Dental, 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: Daniel Nguyen

Name (Printed or typed)

7855 Argyle Forest Blvd, #104

Address

Jacksonville, FL 32244

City, State & Zip

(904) 777-3308

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)

ARTICLE I NAME

The name of the corporation shall be:

Oakleaf Dental, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7855 Argyle Forest Blvd, #104
Jacksonville, Fl 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide dental services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Vivienne Tran
7855 Argyle Forest Blvd, #104
Jacksonville, Fl 32244
President, Director

FILED
07 MAR 14 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Dr. Vivienne Tran
7855 Argyle Forest Blvd, #104
Jacksonville, Fl 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Daniel Nguyen
7855 Argyle Forest Blvd, #104
Jacksonville, Fl 32244

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

3/8/7
Date

3/8/7
Date