

P07000060808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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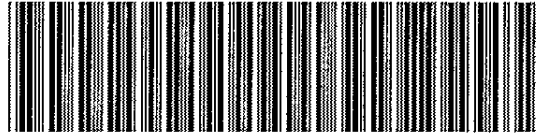
(Business Entity Name)

(Document Number)

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05/14/07--01048--011 **87.50

FILED

07 MAY 22 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH
2007-23542

COVER LETTER

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

SUBJECT: AAA SCHOOL OF DENTAL ASSISTING
(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: LILLIE QUINN
Name (Printed or typed)

24 17 SOUTH FRENCH AVE
Address

SANFORD FL 32771
City, State & Zip

(407) 321-5011
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2007

LILLIE QUINN
2417 SOUTH FRENCH AVE
SANFORD, FL 32771

SUBJECT: AAA SCHOOL OF DENTAL ASSISTING
Ref. Number: W07000023542

We have received your document for AAA SCHOOL OF DENTAL ASSISTING 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list at least one incorporator with a complete business street address.

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 707A00034242

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:

A A A SCHOOL OF DENTAL ASSISTING INC

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07 MAY 22 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2417 SOUTH FRENCH AVE
SANFORD FL 32771**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SCHOOL

ARTICLE IV SHARES

The number of shares of stock is:

300 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT LILLIE QUINN 2417 SOUTH FRENCH AVE SANFORD FL 32771
 VICE PRESIDENT CHERYL BASAM 335 BROOKHAVEN PL LAKE MARY FL 32746
 SECRETARY BASIM ABED 335 BROOKHAVEN PL LAKE MARY FL 32746

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:LILLIE QUINN 2417 SOUTH FRENCH AVE
SANFORD FL 32771**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:BASIM ABED 2417 SOUTH FRENCH AVE
SANFORD FL 32771

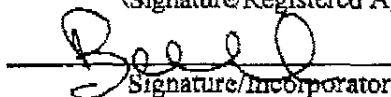
 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

05/10/07

Date



Signature/Incorporator

05/10/07

Date