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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

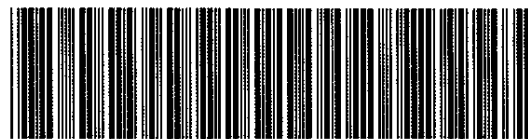
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RECEIVED  
07 AUG - 6 AM 9:29  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
07 AUG - 6 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: DENTAL HYGIENE SEMINARS, 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: HEATHER O. MAPP, Incorporator

Name (Printed or typed)

265 Bonsyle Land Drive

Address

Eastpoint, Florida 32328

City, State & Zip

(850) 670-5459

Daytime Telephone number

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

FILED

07 AUG - 6 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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 HYGIENE SEMINARS, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

265 Bonsyle Land Drive, Eastpoint, Florida 32328

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Do do all lawful business in the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares of no par value stock

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

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

Dr. Peter Kole, 265 Bonsyle Land Drive, Eastpoint, Florida 32328 - Vice -President and Director and  
Heather O. Mapp, 265 Bonsyle Land Drive, Eastpoint, Florida 32328 - President and Director  
Dr. Peter Kole, 265 Bonsyle Land Drive, Eastpoint, Florida 32328 - Secretary-Treasurer

### **ARTICLE VI REGISTERED AGENT**

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

Heather O. Mapp, 265 Bonsyle Land Drive, Eastpoint, Florida 32328

### **ARTICLE VII INCORPORATOR**

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

Heather O. Mapp, 265 Bonsyle Land Drive, Eastpoint, Florida 32328

\*\*\*\*\*

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 familliar with and accept the appointment as registered agent and agree to act in this capacity

Heather O. Mapp  
Signature/Registered Agent

Heather O. Mapp  
Signature/Incorporator

8/3/07  
Date

8/3/07  
Date