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TALLAHASSEE, FLORIDA

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***Albert C. Eaton***  
*Attorney and Counselor at Law*  
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February 20, 2008

Florida Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Articles of Incorporation  
Braille Marie Watson, D.M.D., P.A.

Dear Sir:

Enclosed are original and one copy of the Articles as above captioned, and our check in the amount of \$78.75, representing:

Filing Fee	\$35.00
Resident Agent Designation	\$35.00
Certified Copy	\$ 8.75

When the Articles have been processed, we would appreciate the return of the certified copy to our attention.

Thank you for your consideration in this matter.

Sincerely,



Albert C. Eaton

ACE/as  
Enclosures

**ARTICLES OF INCORPORATION**  
**OF**  
**BRAILLE MARIE WATSON, D.M.D., P.A.**

The undersigned incorporator, who is licensed or otherwise legally authorized to practice the profession of dentistry in the State of Florida, associates herself with the intention of forming a professional corporation in accordance with the Florida Professional Service Corporation and Limited Liability Company Act, and adopts the following articles of incorporation for the corporation;

**ARTICLE I**

**NAME**

The name of the Corporation is:

**BRAILLE MARIE WATSON, D.M.D., P.A.**

**ARTICLE II**

**DURATION**

This Corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE III**

**PURPOSE OR PURPOSES**

The purpose or purposes for which this Corporation is organized are as follows:

- (a) To engage in the practice of dentistry as a professional corporation and to own and operate a dental office for the purposes of providing dental care and treatment.

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2008 FEB 22 P 2:50  
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(b) To treat, prescribe, diagnose, or operate for any disease, pain, injury, deficiency, deformity or physical condition of human teeth, gums, jaws, and adjacent tissues.

(c) To furnish, construct, reproduce, or repair prosthetic dentures or bridges to be used and worn as substitutes for natural teeth.

(d) Any and all other matters and/or procedures associated with the practice of general dentistry.

The purposes of this corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional dental services in the State of Florida.

#### ARTICLE IV

##### CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue or have outstanding at any one time is one hundred (100) shares. Such shares shall be of a single class designated as "Common Stock" and shall have a par value of TEN DOLLARS (\$10.00) per share.

#### ARTICLE V

##### INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered agent of the Corporation is 215 Chalet Avenue, Indialantic, Florida 32903 and the name of its initial registered agent at such address is BRAILLE MARIE WATSON. The street address of the initial principal office of the Corporation is 215 Chalet Avenue, Indialantic, Florida 32903.

ARTICLE VI

DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time by the By-Laws. The name and address of each person who is to serve as a member of the initial board of directors is:

<u>Name</u>	<u>Address</u>
Braille Marie Watson	215 Chalet Avenue Indian Lantic, FL 32903

ARTICLE VII

INCORPORATORS

The name and address of each person signing these Articles of Incorporation as an incorporator is:

<u>Name</u>	<u>Address</u>
Braille Marie Watson	215 Chalet Avenue Indian Lantic, FL 32903

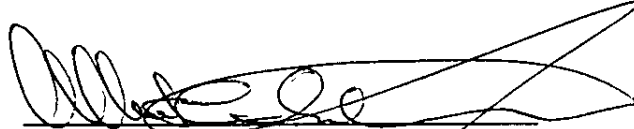
Executed by the undersigned at Orlando, Orange County, Florida, on the 18<sup>TH</sup> day of February, 2008.

  
BRAILLE MARIE WATSON  
Incorporator

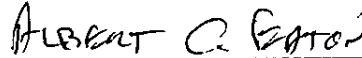
STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared BRAILLE MARIE WATSON, who is personally known to me or who has produced N/A as identification, who did not take an oath, who executed the foregoing and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

18<sup>th</sup> WITNESS MY HAND and official seal in the County and State aforesaid, this day of February, 2008.



Notary Public, State of Florida



Printed Name

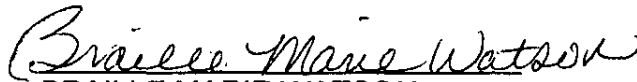
My Commission Expires:



ALBERT C. EATON  
MY COMMISSION # DD 705951  
EXPIRES: December 11, 2011  
Bonded Thru Budget Notary Services

ACCEPTANCE BY REGISTERED AGENT

I hereby accept the designation of initial Registered Agent of BRAILLE MARIE WATSON, D.M.D., P.A., that I am familiar with the obligations of that position, and I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



BRAILLE MARIE WATSON

215 Chalet Avenue

Indian Lantic, FL 32903

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