

PO8000049865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

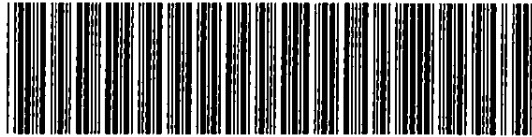
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 MAY 19 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2007

**COVER LETTER**

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

SUBJECT: Highlands Dental Staffing, 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: ~~Highlands Dental Staffing, Inc~~ Highlands Dental Staffing, Inc  
Name (Printed or typed)

2010 W. Frostproof Rd  
Address

Frostproof, FL 33843  
City, State & Zip

863-635-1542  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

**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:

Highlands Dental Staffing, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2010 W. Frostproof Rd  
Frostproof, FL 33843

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dental Staffing

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

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

Teresa McKenzie, president  
Tami Sheffield, vice-president

**ARTICLE VI REGISTERED AGENT**

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

Teresa McKenzie  
2010 W. Frostproof Rd.  
Frostproof FL 33843

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: Teresa McKenzie

Highlands Dental Staffing, Inc.  
2010 W. Frostproof Rd.  
Frostproof FL 33843

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TALLAHASSEE, FLORIDA

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\*\*\*\*\*  
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

Teresa McKenzie  
Signature/Registered Agent

4-25-08  
Date

Teresa McKenzie  
Signature/Incorporator

4-25-08  
Date