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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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*[Handwritten signature]*  
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## COVER LETTER

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

**SUBJECT:** MICHAEL I. JACOBS, D.M.D., 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:** MICHAEL I. JACOBS

Name (Printed or typed)

19501 WEST COUNTRY CLUB DRIVE APARTMENT NO. 405

Address

AVENTURA, FL 33180

City, State & Zip

954-205-4166

Daytime Telephone number

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

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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:

MICHAEL I. JACOBS, D.M.D., P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

850 IVES DAIRY ROAD SUITE T63 NORTH MIAMI BEACH, FL 33179

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A PROFESSIONAL ASSOCIATION LIMITED TO THE PRACTICE OF DENTISTRY.

### 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):

DIRECTOR: MICHAEL I. JACOBS D.M.D., 850 IVES DAIRY ROAD, SUITE T63, NORTH MIAMI BEACH, FL 33179

### ARTICLE VI REGISTERED AGENT

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

MICHAEL I. JACOBS D.M.D., 850 IVES DAIRY ROAD, SUITE T63, NORTH MIAMI BEACH, FL 33179

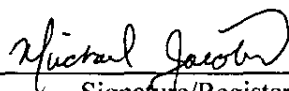
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

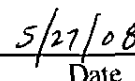
MICHAEL I. JACOBS D.M.D., 850 IVES DAIRY ROAD, SUITE T63, NORTH MIAMI BEACH, FL 33179

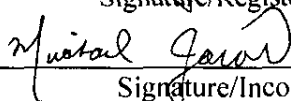
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

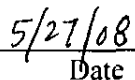


Signature/Registered Agent

  
Date



Signature/Incorporator

  
Date