

PO8000061445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

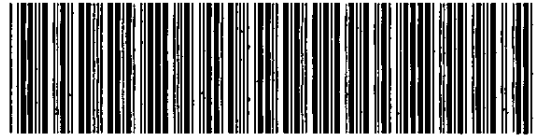
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-52-9

COVER LETTER

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

OLGA M. GALINDO, DDS, PA

SUBJECT: _____

(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: _____

OLGA M. GALINDO

Name (Printed or typed)

1571 WOODBRIDGE LAKES CIRCLE

Address

WEST PALM BEACH, FL 33406

City, State & Zip

(561) 714- 3765

Daytime Telephone number

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:

OLGA M. GALINDO, DDS, PA

ARTICLE II PRINCIPAL OFFICE

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

**1571 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH, FL 33406**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORTION SHALL ENGAGE IN THE PRACTICE OF DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ \$ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**OLGA M. GALINDO
1571 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH, FL 33406**

ARTICLE VI REGISTERED AGENT

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

**OLGA M. GALINDO
1571 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH, FL 33406**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**OLGA M. GALINDO
1571 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH, FL 33406**

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

06-19-08
Date



Signature/Incorporator

06-19-08
Date

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2008 JUN 24 A 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA