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## COVER LETTER

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

BAS M. ANTIC-GROEN 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:

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certificate of Status

\$87.50
Filing Fee
& Certified Copy
& Certified Copy
& Certificate of Status \$70.00 Filing Fee & Certificate of ADDITIONAL COPY REQUIRED

FROM: BAS M. ANTIC-GROEN
Name (Printed or typed)

4003 S. WESTSHORE BLVD # 3405
Address TAMPA, FL 33611

City, State & Zip

310) 569 2 651

Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: BAS M. ANTIC-GROEN P.A.
ARTICLE II PRINCIPAL OFFICE 4003 S. WESTSHORE BLVD #3405 The principal place of business/mailing address is: TAMPA, FL 33611
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: DENTAL SERVICES
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s) address(es) and energific title(s):
BAS M. ANTIC-GROEN PRESIDENT/DIRECTOR 4003 S, WESTSHORE BLVD #3405 TAMPA, FL 33611
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  BAS M. ANDIC-GROEN
4003 S. WESTSHORE BLVD # 3405 PAMPA ,FL 33611 <u>ARTICLE VII INCORPORATOR</u>
The <u>name and address</u> of the Incorporator is:  BAS M. ANTIC - GROEN  4003 S. WESTSHARE BLVD #3405
THE PAPEL 33611  *********************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Date   Date
Signature Various Date  Date