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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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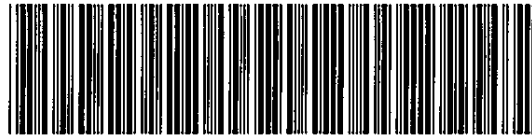
(Business Entity Name)

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TALLAHASSEE, FLORIDA

EP 9/24/08

Albert C. Eaton
Attorney and Counselor at Law
1516 East Colonial Drive, Suite 100E
Orlando, Florida 32803

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Orlando, Florida 32853-0054

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September 22, 2008

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

Re: Articles of Incorporation
Dental Arts of Lutz, 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
DENTAL ARTS OF LUTZ, 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 adopts the following articles of incorporation for the corporation;

ARTICLE I

NAME

The name of the Corporation is:

DENTAL ARTS OF LUTZ, 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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(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 361 Yarmouth Street, Marco Island, Florida 34145 and the name of its initial registered agent at such address is ALTINAI GORRITY. The street address of the initial principal office of the Corporation is 361 Yarmouth Street, Marco Island, Florida 34145.

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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>
Altinai Gorrity	361 Yarmouth Street Marco Island, FL 34145

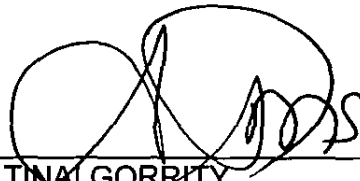
ARTICLE VII

INCORPORATORS

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

<u>Name</u>	<u>Address</u>
Altinai Gorrity	361 Yarmouth Street Marco Island, FL 34145

Executed by the undersigned at Marco Island, Collier County, Florida, on the 17 day of September, 2008.



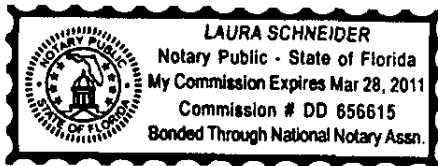
ALTINAI GORRITY
Incorporator

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF *Collier*

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared ALTINAI GORRITY, who is personally known to me or who has produced FL DL 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.

17 WITNESS MY HAND and official seal in the County and State aforesaid, this day of September, 2008.



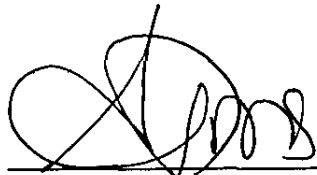
Laura Schneider
Notary Public, State of Florida *Laur*
Laura Schneider
Printed Name

My Commission Expires: *Mar 28, 2011*

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ACCEPTANCE BY REGISTERED AGENT

I hereby accept the designation of initial Registered Agent of DENTAL ARTS OF LUTZ, 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.



ALTINAI GORRITY
361 Yarmouth Street
Marco Island, FL 34145

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