# Po 9888028254

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700145877067

03/26/09--01022--022 \*\*78.75



# **COVER LETTER**

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

SUBJECT: DIETZ	ENDODONTICS, PA			
	(PROPOSE	D CORPORAT	FE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) cop	y of the artic	les of incorporation and	l a check for:
□ <b></b>	[7] esc. sc		□ \$50.5¢	D top so
\$70.00	<b>☑</b> \$78.75		\$78.75	\$87.50
Filing Fee	Filing Fee		Filing Fee	Filing Fee,
	& Certificate of	Status	& Certified Copy	Certified Copy
				& Certificate of
				Status
			ADDITIONAL CO	PY REQUIRED
		t	<del></del>	
			•	
EDOM. II	ACOLIELINE ANNI DII	ĖTZ		
FROM: JA	ACQUELINE ANN DI	Name (	Printed or typed)	<del> </del>
		(	, , , , , , , , , , , , , , , , , , ,	
	0000 141 411 1515 4	. ÆNDE		
	2903 W. ALLINE A		ddress	<del></del>
,		ŕ	idal 635	
	TAMPA FL	33611		<del>.</del>
		City,	State & Zip	
	813 597-5035		<u> </u>	
		Daytime To	elephone 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:

DIETZ ENDODONTICS, PA

#### ARTICLE II PRINCIPAL OFFICE

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

2903 W. ALLINE AVENUE TAMPA, FL 33611

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INDEPENDENT CONTRACTOR FOR DENTAL SERVICES PROVIDED AT DENTAL OFFICES.

#### ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JACQUELINE ANN DIETZ - 2903 W. ALLINE AVENUE TAMPA FL 33611 - PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

JENNIFER ANN DIETZ 2904 COACHMAN AVENUE TAMPA, FL 336/1

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JACQUELINE ANN DIETZ 2903 W. ALLINE AVENUE TAMPA, FL 33611

Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent of	
( amour Pinto	03 / 24/ 09
Signature/Registered Agent	Date
	03 / 24 / 09
Signature/Incorporator	Date



# **COVER LETTER**

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

SUBJECT: DIETZ I	ENDODONTICS, PA (PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: JA	CQUELINE ANN DIETZ	Printed or typed)	<del></del>
	2903 W. ALLINE AVENUE	Address	· · · · · · · · · · · · · · · · · · ·
	TAMPA FL 33611 City,	State & Zip	
	813 597- 5035 Daytime T	elephone number	<del></del>

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