

P09000058589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

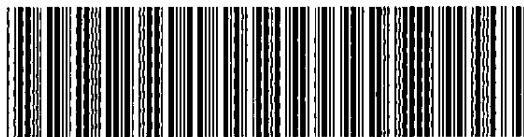
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/08/09--01012--019 \*\*78.75

FILED  
09 JUL -7 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 7/9/09

W09000026550



RECEIVED  
DEPARTMENT OF STATE

09 JUL -7 AM 9:21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2009

DR. HELENE TA  
440 CHINAHILL COURT  
APOPKA, FL 32712

SUBJECT: SUMMIT PARK DENTAL, INC.  
Ref. Number: W09000026950

We have received your document for SUMMIT PARK DENTAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 709A00019295

## COVER LETTER

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

**SUBJECT:** Summit Park Dental Inc  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Dr. Helene Ta  
Name (Printed or typed)

440 Chinahill Court  
Address

Apopka, FL 32712  
City, State & Zip

(352) 255-5538  
Daytime Telephone number

Helenepta1@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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: Summit Park Dental, Inc

## **ARTICLE II PRINCIPAL OFFICE**

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

723 CR 466  
Lady Lake, FL 32159

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Dental Practice

## **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):

Phuong D Ta  
440 China Hill Court  
Apopka, FL 32712

## **ARTICLE VI REGISTERED AGENT**

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

Phuong D Ta  
440 China Hill Court  
Apopka, FL 32712

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Phuong D Ta  
440 China Hill Court  
Apopka, FL 32712

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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

\_\_\_\_\_  
Signature/Incorporator

FILED  
09 JUL -7 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/4/09

\_\_\_\_\_  
Date

6/23/09

\_\_\_\_\_  
Date