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(Requestor's Name)

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(City/State/Zip/Phone #)

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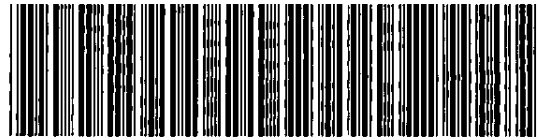
(Business Entity Name)

(Document Number)

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09 DEC -7 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
12/8

## COVER LETTER

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

SUBJECT: A.E. Miller, DDS, PA  
(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. A.E. MILLER, DDS  
Name (Printed or typed)

4400 Bayou Blvd Building 17  
Address

Pensacola, FL 32503  
City, State & Zip

850-478-9339  
Daytime Telephone number

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)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: A.E. Miller, DDS, PA

**ARTICLE II PRINCIPAL OFFICE**

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

4400 Bayou Blvd Building 17  
Building 17  
Pensacola, FL 32503

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A professional association to practice dentistry.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares with \$1 par value.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Dr. A.E. Miller, DDS  
4400 Bayou Blvd Building 17  
Pensacola, FL 32503

**ARTICLE VI REGISTERED AGENT**

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

Dr. A. E. Miller, DDS  
4400 Bayou Blvd Building 17  
Pensacola, FL 32503

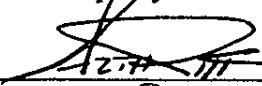
**ARTICLE VII INCORPORATOR**

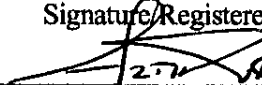
The name and address of the Incorporator is:

Dr. A.E. Miller, DDS  
4400 Bayou Blvd Building 17  
Pensacola, FL 32503

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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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date