

PI00000003720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

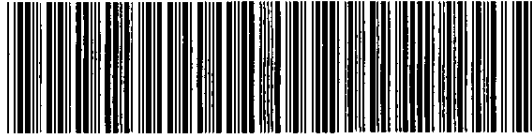
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400165632784

01/12/10--01015--007 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 12 PM 2:39

3 McLaughlin JAN 14 2010

COVER LETTER

*Please return
in Add Ex Env.
Enclosed
Thank you*

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

SUBJECT: BEACHES ORTHODONTICS, 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:

☐ \$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: WILLIAM B. McMENAMY

Name (Printed or typed)

50 N. LAURA STREET, SUITE 2925

Address

JACKSONVILLE, FLORIDA 32202

City, State & Zip

(904)354-8080

Daytime Telephone number

wmcmenamy@donahooball.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
OF
BEACHES ORTHODONTICS, P.A.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 12 PM 2:39

The undersigned incorporator to these Articles of Incorporation hereby executes these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I - NAME AND ADDRESS

The name of the corporation and the street address of the initial principal office are BEACHES ORTHODONTICS, P.A., 330 A1A North, Ponte Vedra Beach, Florida 32082. The mailing address of the corporation shall be the same as the street address.

ARTICLE II - DURATION

This corporation is to exist perpetually.

ARTICLE III - PURPOSE

To engage in every phase and aspect of the business of rendering the same professional services to the public that a doctor of dentistry specializing in orthodontics, duly licensed under the laws of the state of Florida, is authorized to render, and which has as its shareholders only other professional corporations, professional limited liability companies, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional services as the corporation.

To transact any and all lawful business for which professional service corporations may be incorporated under the Florida Business Corporation Act, Chapter 607, and the Professional Service Corporation and Limited Liability Act, Chapter 621, Florida Statutes, 2009, as amended.

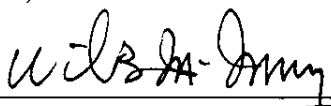
ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value voting stock which shall be designated common shares.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of this corporation is 50 North Laura Street, Suite 2925, Jacksonville, Florida 32202, and the name of the initial registered agent is William B. McMenamy.

I hereby state that I am familiar with the obligations of, and accept appointment as registered agent on behalf of BEACHES ORTHODONTICS, P.A.


WILLIAM B. MCMENAMY

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The names and addresses of the directors of this corporation are:

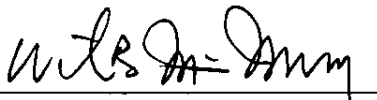
<u>NAME</u>	<u>ADDRESS</u>
Daniel J. Schellhase	330 A1A North Ponte Vedra Beach, FL 32082
Kevin W. O'Shaughnessy	330 A1A North Ponte Vedra Beach, FL 32082

ARTICLE VII -INCORPORATOR

The name and post office address of the person signing these Articles is:

<u>NAME</u>	<u>ADDRESS</u>
William B. McMenemy	50 N. Laura Street, Suite 2925 Jacksonville, FL 32202

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator, have hereunto set my hand and seal this 11th day of January, 2010, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Incorporation and certify that the facts herein stated are true.


WILLIAM B. MCMENAMY

STATE OF FLORIDA
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to before me by WILLIAM B. McMENAMY, who is (X) personally known to me or () has produced _____ as identification, this 1st day of January, 2010.

Susan K. Williams
Notary Public, State of Florida at Large

(Susan K. Williams)

Print name below signature

My Commission Expires: 1/7/2011

My Commission Number: DD 946867

