## P100000/11/3

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)	<u> </u>		
Certified Copies Certificates of S	Status		
Special Instructions to Filing Officer:			
NO 007			
Office Line Only			



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SHEWLITHER OF STATE
DALLAHLASSEL FLORIDA

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T. Burnin FEB = 5 2010

## **COVER LETTER**

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

SUBJECT:	DENTAL	- PAL INC.	
JOBSE 1.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PT REQUIRED
FROM:		ATCHETT e (Printed or typed)	
_		EUCREST CIRCLE	
	ROYAL	PALM BOACH	FLORIDA 334
	(615) 5	State & Zip 579-1745	
	K81412 L	relephone number	HOTMAIL CON
	E-mail address: (to be use	d for future annual report r	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 2010 FEB -4 PM 4: 35
ARTICLE I NAME The name of the corporation shall be:	PECTETARY OF STATE TALLAHASSEE, FLORIDA
DENTAL PAL INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:	D Roment Fragues
2154 BEHCREST CIRCLE ROYAL	3341
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  DENTAL OFFICE	
ARTICLE IV SHARES The number of shares of stock is: /O MILLION	
List name(s), address(es) and specific title(s):  KENNI HALMETT ZISH BELL CROST C.R.	-
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address and F	the registered agent is:
KEITH HATCHUFF 2154 BELLCREST	* * * * * * * * * * * * * * * * * * *
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	3340
KOTH HATCHETT 2154 BOLLCRES	
**************************************	
place designated in this certificate, I am familiar with and accept to agree to act in this capacity	l 21/10
Signature/Registered Agent	Date / (21/0
Signature/Incorporator	Date

KEITH W. HATCHETT