

P10000094547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

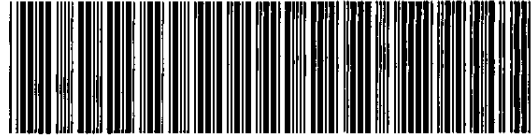
(Document Number)

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11/01/10--01026--001 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV 16 PM 5:43

APPROVED  
AND  
FILED

VIN

~~6010-51976~~

## COVER LETTER

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

SUBJECT: **MMKA3ALLC**

(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **MITRA PARSA DDS**

Name (Printed or typed)

**11512 LAKE MEAD AVE.#523**

Address

**JACKSONVILLE, FLORIDA 32256**

City, State & Zip

**904 564 1900**

Daytime Telephone number

**MELS678@AOL.COM**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2010

MITRA PARSA DDS  
11512 LAKE MEAD AVE. #523  
JACKSONVILLE, FL 32256

SUBJECT: MMKA3A LLC  
Ref. Number: W10000051976

We have received your document for MMKA3A LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 810A00026146

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** MMKA3ALLC CO.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2616 SHERWOOD HALL LANE #302  
ALEXANDRIA, VA 22306

Mailing address, if different is:  
11512 LAKE MEAD AVE. #523  
JACKSONVILLE FLORIDA 32256

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**ORTHODONTIC SERVICES**

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: <u>MITRA PARSA DDS</u>	Name and Title: _____
Address: <u>11512 LAKE MEAD AVE. #523</u>	Address: _____
<u>JACKSONVILLE, FLORIDA</u>	_____
<u>32256</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

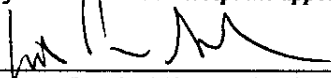
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: MITRA PARSA DDS  
Address: 11512 LAKE MEAD AVE. # 523  
JACKSONVILLE FLORIDA 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Name: MARK SCHOENBORN  
Address: 11512 LAKE MEAD AVE #523  
JACKSONVILLE FL. 32256

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

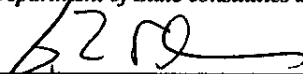


Required Signature/Registered Agent

10/27/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/27/10

Date

ARTICLE VIII  
EFFECTIVE DATE: JAN. 1, 2011  
PAY ROLL START OCTOBER 2010

APPROVED  
AND  
FILED  
10 NOV 16 PM 5:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA