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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

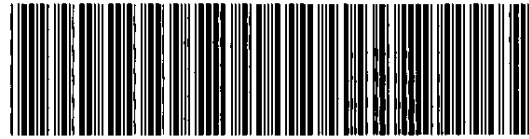
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 11/23/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

JACLYN SARA GAMBERINI
941 FIRETREE RD
NORTH PALM BEACH, FL 33408

SUBJECT: JACLYN GAMBERTINI, DMD, P.A.
Ref. Number: W1000052217

We have received your document for JACLYN GAMBERTINI, DMD, P.A. 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 specific business purpose of the professional association must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.**

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 010A00026273

COVER LETTER

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

SUBJECT: Jaclyn Gamberini, DMD, 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
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: Jaclyn Sara Gamberini

Name (Printed or typed)

941 Firetree Road

Address

North Palm Beach, FL 33408

City, State & Zip

(561) 401-2501

Daytime Telephone number

jaclyngamberinidmd@gmail.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 Jaclyn Gamberini, DMD, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 941 Firetree Road
North Palm Beach, FL 33408
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Profit
for the practice of dentistry.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jaclyn Gamberini, DMD Name and Title: _____
Address: 941 Firetree Road Address: _____
North Palm Beach, FL 33408

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Jaclyn Gamberini, DMD
Address: 941 Firetree Road
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Jaclyn Gamberini, DMD
Address: 941 Firetree Road
North Palm Beach, FL 33408

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

Jaclyn Gamberini, DMD, P.A. 10-29-2010
Required Signature/Registered Agent 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.

Jaclyn Gamberini, DMD, P.A. 10-29-2010
Required Signature/Incorporator Date