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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 1/6/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JAN -5 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 17, 2010

LESLIE A LITTLE, DMD  
777 N ASHLEY DR #1314  
TAMPA, FL 33602

SUBJECT: LESLIE A. LITTLE, D.M.D., P.A.  
Ref. Number: W10000058358

We have received your document for LESLIE A. LITTLE, D.M.D., P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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

Pamela Smith  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00029265

30 December 2010

Dear Pamela Smith, Regulatory Specialist II

SUBJECT: Leslie A. Little, D.M.D., P.A.

RE: W10000058358

As Requested by your letter, the number of shares of stock for the proposed corporation has been changed to ONE (1).

The address and phone number where I may be reached during working hours is:

16021 Tampa Palms Blvd West

Tampa, FL 33647

(813)866-1100

If you have any further questions or need any additional information, please feel free to contact me at (813)846-3611 or [lalittle24@gmail.com](mailto:lalittle24@gmail.com).

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Leslie A. Little, DMD".

Leslie A Little, DMD

## COVER LETTER

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

SUBJECT: Leslie A. Little, D.M.D., 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: Leslie A. Little, D.M.D.

Name (Printed or typed)

777 N Ashley Drive #1314

Address

Tampa, FL 33602

City, State & Zip

813-846-3611

Daytime Telephone number

lalittle24@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** Leslie A. Little, D.M.D., P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
777 N Ashley Drive #1314  
Tampa, FL 33602

FILED  
11 JAN -5 PM 4:07  
MAILING ADDRESS, IF DIFFERENT IS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To practice general dentistry

**ARTICLE IV SHARES**  
The number of shares of stock is: 1 *KMD*

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

Name and Title: Leslie A Little, DMD (President)	Name and Title: _____
Address: 777 N Ashley Drive #1314	Address: _____
Tampa, FL 33602	_____
_____	_____
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: Kevin M. Davis, Esq.  
Address: 777 N Ashley #1313  
Tampa, FL 33602

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Leslie A Little, DMD  
Address: 777 N Ashley Drive #1314  
Tampa, FL 33602

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:

Kevin M. Davis 11/9/10  
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.

Leslie A Little, DMD 11/9/10  
Required Signature/Incorporator Date