

P110000086972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

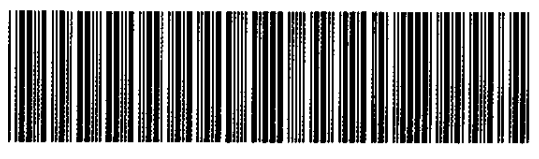
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Wayside Family Dentistry, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lyudmila Onyski, DDS
Name (Printed or typed)

204 Southern Magnolia Lane
Address

Sanford, FL 32771
City, State & Zip

386-337-1370
Daytime Telephone number

Kenonyski@yahoo.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 Wayside Family Dentistry, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
204 Southern Magnolia Lane _____
Sanford, FL 32771 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Dental services

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lyudmila Onyski, DDS, Director</u>	Name and Title: _____
Address: <u>204 Southern Magnolia Lane</u>	Address: _____
<u>Sanford, FL 32771</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: Lyudmila Onyski, DDS, Director
Address: 204 Southern Magnolia Lane
Sanford, FL 32771

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Lyudmila Onyski, DDS, Director
Address: 204 Southern Magnolia Lane
Sanford, FL 32771

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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

Lyudmila A. Onyski 09/30/2011
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.

Lyudmila A. Onyski 09/30/2011
Required Signature/Incorporator Date