

P12000019291

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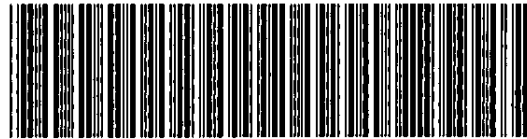
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W12000009894



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DIVISION OF CORPORATIONS
12 FEB 24 PM 2:03

2/27/12

COVER LETTER

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

SUBJECT: CITRUS DENTAL SLEEP MEDICINE, 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: Pablo J. Sierra, DMD

Name (Printed or typed)

P. O. Box 1718

Address

Inverness, FL 34451

City, State & Zip

352-726-2849

Daytime Telephone number

drpjsierra@yahoo.com

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

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

12 FEB 24 PM 2:03

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2-22-12
RECEIVED
12 FEB 24 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 17, 2012

PABLO J. SIERRA, DMD
POST OFFICE BOX 1718
INVERNESS, FL 34451

SUBJECT: CITRUS DENTAL SLEEP MEDICINE, P.A.
Ref. Number: W12000009594

We have received your document for CITRUS DENTAL SLEEP MEDICINE, 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.

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) 245-6052.

Claretha Golden
Regulatory Specialist-II
New Filing Section

Letter Number: 612A00007363

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

OF

CITRUS DENTAL SLEEP MEDICINE, P.A.

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DIVISION OF CORPORATIONS

12 FEB 24 PM 2:03

The undersigned, acting as incorporator of the corporation in compliance with Chapter 607 and/or Chapter 621, Florida Statutes (Profit), hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I. NAME

The name of the corporation shall be **CITRUS DENTAL SLEEP MEDICINE, P.A.**

ARTICLE II. DURATION

This corporation shall have perpetual existence.

ARTICLE III. PRINCIPAL OFFICE

The principal street address of the corporation will be 2333 Forest Drive, Inverness, FL 34453. The mailing address of the corporation will be P. O. Box 1718, Inverness, FL 34451.

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is the professional practice of dentistry, to sell dental sleep appliances and for any other lawful purpose and to do everything necessary, proper, advisable or convenient for the accomplishment of said purposes, and to do all things incidental to them or

connected with them that are not forbidden by Florida corporation laws or other laws or by these Articles of Incorporation and to carry out the said purposes.

ARTICLE IV. AUTHORIZED SHARES

The aggregate number of shares of stock the corporation shall have the authority to issue is One Hundred (100) shares of \$1.00 par value common stock, which shall be designated "common shares". Said shares shall be of a single class and shall have the par value as stated herein. Stock will be issued and transferred only to natural persons, estates or trusts as defined in Section 1361(c)(2) or any amendment or successor sections thereto of the Internal Revenue Code. In addition, no stock shall be issued or transferred to a non-resident alien.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

The initial officers/and or directors and their address is:

Pablo J. Sierra, DMD, President
P. O. Box 1718
Inverness, FL 34451

The number of members of the Board of Directors may be increased or decreased by a majority vote of shareholders.

ARTICLE VI. REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pablo J. Sierra, DMD
2333 Forest Dr.
Inverness, FL 34453

ARTICLE VII. INCORPORATOR

The names and address of the initial incorporator is:

Pablo J. Sierra, DMD
P. O. Box 1718
Inverness, FL 34451

ARTICLE VIII. SHAREHOLDER ACTION

An affirmative vote of the majority of the shares of the corporation shall be required for any shareholder action, unless otherwise set forth in the By-laws.

ARTICLE IX. AMENDING ARTICLES

The shareholders shall have the power to adopt, amend, alter, change or repeal the Articles of Incorporation when proposed and approved at a stockholder's meeting with not less than a majority vote of the common stock.

ARTICLE X. PREEMPTIVE RIGHTS

The holders of the common stock of this corporation shall have preemptive rights to purchase at prices, terms and conditions which shall be fixed by the Board of Directors, such of the shares of the stock of this corporation as may be issued for money, property or services from time to time in addition to that stock authorized (and issued) by the corporation. The preemptive right of any holder is determined by the ratio of the authorized (authorized and issued) shares of common stock held by the holder and all shares of common stock currently authorized (authorized and issued).

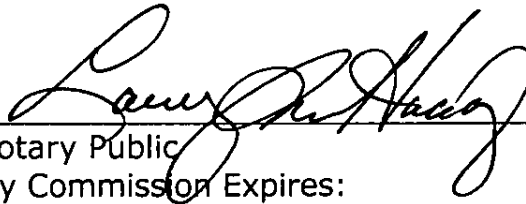
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation at Inverness, Citrus County, Florida on this the 15th day of February, 2012.



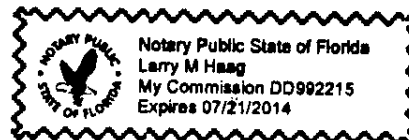
PABLO J. SIERRA
Incorporator

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing was acknowledged before me this 15th day of February, 2012, by **PABLO J. SIERRA**, who ☒ is personally known to me or ☐ has produced _____ as identification.



Notary Public
My Commission Expires:



ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

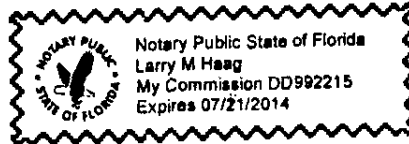
Having been named as Registered Agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as Registered Agent and agree to act in this capacity.

PABLO J. SIERRA

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing was acknowledged before me this 15th day of February, 2012, by **PABLO J. SIERRA**, who ☒ is personally known to me or has produced _____ as identification.

Notary Public
My Commission Expires:



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