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(Requestor's Name)

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(City/State/Zip/Phone #)

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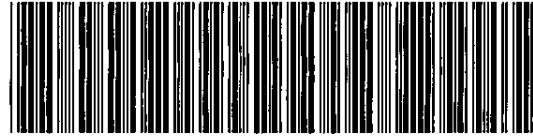
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Dr. Efthimios Theo Koveas, 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  
☐ \$7.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Dr. Efthimios Theo Koveas, D.M.D., P.A.  
Name (Printed or typed)

9291 Glades Road, Suite 301  
Address

Boca Raton, FL 33434  
City, State & Zip

561-477-7171, 310-424-5552  
Daytime Telephone number

drk@koveas.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**

The name of the corporation shall be: Dr. Efthimios Theo Koveos, D.M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9291 Glades Rd.  
Suite 301  
Boca Raton, FL 33434

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental Profession

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: Dr. E. Koveos, President  
Address: 9291 Glades Road  
Suite 301  
BOCA RATON, FL 33434

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. Efthimios Koveos, D.M.D.  
Address: 9291 Glades Rd., Suite 301  
BOCA RATON, FL 33434

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Dr. Efthimios Koveos, D.M.D.  
Address: 9291 Glades Rd., Suite 301  
BOCA RATON, FL 33434

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

8/20/2012  
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

8/20/2012  
Date