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(Requestor's Name)						
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PICK-UP WAIT MAIL						
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12 SEP 14 PM 2: 14

to 9/17/12

COVER LETTER

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

SUBJECT: Palm Leaf Dental, PA					
	(PROPOSED CORPORA)	TE NAME - MUST INC	LUDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the artic	eles of incorporation an	nd 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		
	;	ADDITIONAL C	Status OPY REQUIRED		
		<u> </u>			
FRОМ: <u>А</u>	aron Evens Name	(Printed or typed)			
<u>13</u>	3107 Atlantic Blvd, Ste	101	· · · · · · · · · · · · · · · · · · ·		
	Α	ddress		72	SIVIE
<u>Ja</u>	cksonville, FL 32225	State & Zip		SEP	
<u>90</u>	04-683-6057	elephone number		14 PM 2:	FILEB TARY OF SI
<u>dr</u>	revens@evensfamilyde E-mail address: (to be used	ntal.com Tor future annual report	notification)	ا	ATEN

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



RECEIVED

1/2 SEP 14 AM 9: 59

SECRETARY OF STATE TALLARASSEE, FLORIDA

August 31, 2012

AARON EVENS 13107 ATLANTIC BLVD. SUITE 101 JACKSONVILLE, FL 32225

SUBJECT: PALM LEAF DENTAL, PA

Ref. Number: W12000045383

We have received your document for PALM LEAF DENTAL, PA and your check(s) totaling \$70.00. 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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: 812A00022296

SEGRETARY OF STATE
PARTIENS

12 SEP IL PM 2: II.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) FILED SECRETARY OF STATE ARTICLE I NAME Palm Leaf Dental, PA DIVISION OF CORPORATIONS The name of the corporation shall be: 12 SEP 14 PM 2: 14 ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 13107 Atlantic Blvd, Ste 101 Jacksonville, FL 32225 ARTICLE III PURPOSE The purpose for which the corporation is organized is: **Dental Office** ARTICLE IV SHARES The number of shares of stock is: / INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Aaron Evens - CEO Name and Title: Address: 13107 Atlantic Blvd Address: Ste 101 Jacksonville FL 32225 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: Jenny Alexander Address: 13107 Atlantic Blvd Ste 101 Jacksonville FL 32225 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Jenny Alexander Address: 13017 Atlantic Blvd, Ste 101 Jacksonville, FL 32225 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 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.

equired Signature/Incorporator