

P12000083453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

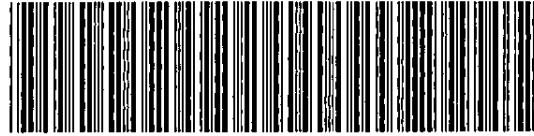
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
10/2/12

18112-115851

## COVER LETTER

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

SUBJECT: Howard Martin, DMD, Inc.

(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: Howard Martin  
Name (Printed or typed)

2697 N. Ocean Blvd, Apt F703  
Address

Boca Raton, FL 33431  
City, State & Zip

301-294-6242  
Daytime Telephone number

hmendo@verizon.net  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 OCT -1 PM 1:10  
DIVISION OF CORPORATIONS

September 5, 2012

HOWARD MARTIN  
2697 N. OCEAN BLVD.  
APT F703  
BOCA RATON, FL 33431

SUBJECT: HOWARD MARTIN, DMD, PA  
Ref. Number: W12000045851

We have received your document for HOWARD MARTIN, DMD, 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 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.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00022463

**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: Howard Martin, DMD, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2697 N. Ocean Blvd., Apt F703  
Boca Raton, FL 33431

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Development of medical products.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Howard Martin, Officer  
Address: 2697 N. Ocean Blvd., Apt F703  
Boca Raton, FL 33431

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

Name and Title: Judith B. Martin, Secretary/Treasurer  
Address: 2697 N. Ocean Blvd., Apt F703  
Boca Raton, FL 33431

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

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: Howard Martin  
Address: 2697 N. Ocean Blvd., Apt F703  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Howard Martin  
Address: 2697 N. Ocean Blvd., Apt F703  
Boca Raton, FL 33431

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

Howard Martin

Required Signature/Registered Agent

9/27/12

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.

Howard Martin

Required Signature/Incorporator

9/27/12

Date

FILED  
12 OCT - 1 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA