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COVER LETTER

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

_{suвлест:} Dental Specialty Group, Inc.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Graham S Bell Name	(Printed or typed)			
4326 Park Boulevard Ste C-E Address				
Pinellas Park FL 33781	State & Zip			
727-544-5345 Daytime To	elephone number			
paquette@tampabay.rr.c	om I 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 The name of the corr	VAME Dental Specialty Group	, Inc.		
ARTICLE II 43	PRINCIPAL OFFICE Principal street address 26 Park Boulevard Ste C-E nellas Park FL 33781		Mailing address, if different is	
	URPOSE Ich the corporation is organized is: Idental services for the following spe	ecialties: Pedia	atric, Orthodontic, Peri	odontic and
ARTICLE IV S The number of share				
	NITIAL OFFICERS AND/OR DIRECTO e:Graham S Bell, President 4326 Park Blvd Ste C-E Pinellas Park Fl.33781	Name and Titl Address:	e:Patricia L Bell, Treası 4326 Park Blvd Ste C Pinellas Park Fl 3378	<u>-E</u>
Name and Titl Address:	∷Wendy Paquette, Secretary 4326 Park Blvd Ste C-W Pinellas Park Fl 33781	Address:	e:	
Name and Titl Address:	e:		e:	
ARTICLE VI	REGISTERED AGENT			
	da street address (P.O. Box NOT acceptable) of Wendy Paquette 4326 Park Blvd Ste C-W Pinellas Park FL 33781		ent is:	12 OCT
ARTICLE VII I	NCORPORATOR		<u> </u>	\$ 65 }
	ess of the Incorporator is:			9 ≥ 5
Name: Addr e ss:	Graham S Bell 4326 Park Blvd Ste C-E Pinellas Park Fl 33781	_ _ _	LORIDA	M 9: 12
	as registered agent to accept service of proce familiar with and accept the appointment as re		agree to act in this capacity	designated in
I submit-this docum	Required Signature/Registered Agent tent and affirm that the facts stated herein ar artment of State constitutes a third degree felow	e true. I am awar ny as provided for	e that the false information s	eų .
		J }	. ,	
	Required Signature/Incorporator		<u> </u>	2
	/ Required Signature/Incorporator		// 0	