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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 31 AM 10:24

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## **BRADLEY P. HERNDON**

Attorney at Law

**Mailing Address:**

Bradley P. Herndon, P.A.  
Post Office Box 520  
Fort Walton Beach, FL 32549-0520  
E-Mail: [bherndon@bherndonlaw.com](mailto:bherndon@bherndonlaw.com)

**Office Address:**

25 Walter Martin Road, Suite 202  
Fort Walton Beach, FL 32548  
Phone: (850) 226-6601  
Fax: (850) 226-7215

October 29, 2012

Florida Department of State  
Division of Corporations  
Corporate Filings  
2661 w Executive Center Circle  
Tallahassee, Florida 32301

**VIA FEDEX OVERNIGHT**

Re: Articles of Incorporation of LYGIA NABORS, DMD, MS, P.A.

In reference to the above-mentioned incorporation, enclosed herewith please find the following:

1. Articles of Incorporation of Lygia Nabors, DMD, MS, P.A.;
2. Acknowledgment of Registered Agent; and
3. Check in the amount of \$78.75, representing the filing fee, Registered Agent Designation Fee and fee to obtain a certified copy.

Please file the Articles of Incorporation and forward the certified copy of same to me at the mailing address given above.

Thank you for your assistance in this regard. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Brad Herndon

BPH:gp

Enclosures

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## **ARTICLES OF INCORPORATION**

**OF**

**LYGIA NABORS, DMD, MS, P.A.**

The undersigned subscribed to these Articles of Incorporation, are natural persons competent to contract and legally authorized to practice the profession of dentistry in the State of Florida, hereby proceeds to form a professional corporation in accordance with the Florida Professional Services Corporation Act, and hereby adopts the following Articles of Incorporation:

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TALLAHASSEE FLORIDA

### **ARTICLE I - NAME**

The name of the this corporation is **LYGIA NABORS, DMD, MS, P.A.**

### **ARTICLE II - PURPOSE**

The purpose of this corporation and the nature of its business are as follows:

1. To engage in the practice of dentistry as a professional service corporation and to provide services incident thereto.
2. To own property, enter into contracts and carry on any activity necessary or incidental to the accomplishment or furtherance of the purpose of this corporation.
3. The services of this corporation which consist of the practice of dentistry shall be carried out only through officers, employees and agents who are licensed in Florida to render the service of dental work.
4. To do everything necessary, proper or convenient for the accomplishment of any of the purposes herein set forth, and to every other act incidental thereto which is not forbidden by the laws of the State of Florida, by the Rules promulgated by the State of Florida or by the provisions of these Articles of Incorporation.

### **ARTICLE III - CAPITAL STOCK**

The Maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 100 shares having a par value of \$1.00 per share. Such shares shall be of a single class of common stock. None of the shares of the corporation may be issued to anyone other than an individual who is duly licensed to practice dentistry in the State of Florida.

### **ARTICLE IV - DURATION**

The corporation shall have perpetual existence.

## **ARTICLE V - ADDRESS AND AGENT**

The street address of the initial principal office of this corporation is **985 Airport Road, Destin, Florida 32541**, and the name and address of the initial registered agent of the this corporation is **Bradley P. Herndon, Bradley P. Herndon, P.A., 25 Walter Martin Road, Suite 202, Fort Walton Beach, Florida 32548**. The Board of Directors may from time to time move the office to any other address in the State of Florida and change the registered agent.

## **ARTICLE VI - DIRECTORS**

The corporation shall be managed by a Board of Directors of at least one (1) Director. No person shall serve as a Director of the corporation unless the person is duly licensed to practice dentistry in the State of Florida. The Director shall be elected by the shareholders of the Corporation. The name and street address of each person who is to serve as a member of the initial Board of Directors is as follows:

<b>NAME</b>	<b>ADDRESS</b>
<b>LYGIA NABORS, DMD, MS</b>	<b>985 Airport Road Destin, Florida 32541</b>

## **ARTICLE VII - SUBSCRIBER/SHARES**

The name and address of the subscribers, who are the incorporators of this corporation, each of whom is duly licensed in the State of Florida to practice dentistry are as follows:

<b>NAME</b>	<b>SHARES</b>	<b>ADDRESS</b>
<b>LYGIA NABORS, DMD, MS</b>	<b>100</b>	<b>985 Airport Road Destin, Florida 32541</b>

## **ARTICLE VIII - RESTRAINT ON ALIENATION**

No shareholder may sell or transfer his or her shares in the corporation except to another individual who is eligible to be a shareholder of the corporation under Florida law and subject to the terms contained in the By-Laws of said corporation.

## **ARTICLE IX - DISQUALIFICATION**

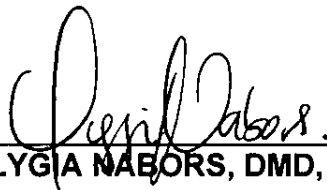
If any officer, shareholder, agent or employee of the corporation who has been rendering professional service to the public for the corporation becomes legally disqualified to render such professional services within Florida or accepts employment that places restrictions or limitations upon his or her continued rendering of such professional services, then the corporation shall require him or her to comply with the

Florida Professional Services Corporation Act by severing all employment with and financial interest in the corporation .

#### ARTICLE X - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law.

**IN WITNESS WHEREOF**, the undersigned subscriber has executed these Articles of Incorporation, this 29<sup>th</sup> day of **October, 2012**.

  
\_\_\_\_\_  
**LYGIA NABORS, DMD, MS**

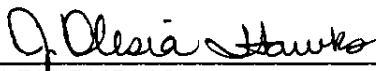
**STATE OF FLORIDA  
COUNTY OF OKALOOSA**

**BEFORE ME**, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared **LYGIA NABORS, DMD, MS**, who is personally known to me or who produced \_\_\_\_\_ as identification, and who did/did not take an oath, and known by me to be the person who executed the foregoing Articles of Incorporation and said person acknowledged before me that she executed those Articles of Incorporation for the uses and purposes therein contained.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal in the State and County aforesaid this 29<sup>th</sup> day of **October, 2012**.



**J. OLESIA HAWKS**  
MY COMMISSION # EE 182183  
EXPIRES: April 10, 2016  
Bonded Thru Budget Notary Services

  
\_\_\_\_\_  
**NOTARY PUBLIC**  
My Commission Expires: \_\_\_\_\_

## ACKNOWLEDGMENT OF REGISTERED AGENT

Certificate Designating Place of Business or Domicile for the Service of Process Within this State, Naming Agent upon Whom Process May be Served:

In pursuance of Chapter 48.091, Florida, Statutes, the following is submitted in compliance with said Act:

FIRST: That **LYGIA NABORS, DMD, MS, P.A.**, a corporation duly organized and existing under the Laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at Destin, Florida, has named **BRADLEY P. HERNDON, BRADLEY P. HERNDON, P.A., 25 WALTER MARTIN ROAD, SUITE 202, FORT WALTON BEACH, FLORIDA 32548**, as its agent to accept service of process for the above-named corporation at the place designated in this certificate.

SECOND: Having been named to accept service of process for the above-named corporation at the place designated in this certificate, I hereby agree to act in this capacity and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.



**BRADLEY P. HERNDON**  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 31 AM 10:24

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STATE OF FLORIDA  
COUNTY OF OKALOOSA

SWORN TO AND SUBSCRIBED before me by **BRADLEY P. HERNDON**, who is personally known to me and who did/did not take an oath, this 29th day of **October**, **2012**.

(SEAL)



**J. OLESIA HAWKS**  
MY COMMISSION # EE 162163  
EXPIRES: April 10, 2016  
Bonded Thru Budget Notary Services

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_