P13000005454

(Req	juestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

W13-1515



000242163680

01/07/13--01050--016 **137.50

13 JAN 15 PM 2: 43
SECRETARY OF STATE

N 01/16/13



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2013

SURFSIDE PROFESSIONAL CORPORATION 28 RACETRACK ROAD NW FORT WALTON BEACH, FL 32547

SUBJECT: SURFSIDE

Ref. Number: W13000001515

We have received your document for SURFSIDE and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000000798 (SURFSIDE, LLC).

The State of Florida does not use the designation "PROFESSIONAL CORPORATION (PC). The acceptable corporate suffixes are PA, P.A., or PROFESSIONAL ASSOCIATION.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 513A00000581

www.sunbiz.org

DO DOV COOR WILL BY 12 COO

COVER LETTER

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

SUBJECT:		
Enclosed is an o	original and one (1) co	ppy of the Certificate of Domestication and a check for
FEES:		
Articles	nte of Domestication of Incorporation and domesticate and file	\$ 50.00 Certified Copy <u>\$ 78.75</u> \$128.75
OPTIONAL:		
Certifica	ate of Status	\$ 8.75
	Sur	rfside Professional Corporation
•		Name (printed or typed)
		28 Racetrack Road NW
		Address
	F	Fort Walton Beach, FL 32547
		City, State & Zip
		850-240-1941
		Daytime Telephone Number
		brodiebowman@mac.com
	E-mail address: (t	o be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The	e undersigned,	Brodie L Bowman	President			
	· · · · G ,	(Name)	(Title)			
of		Surfside	a foreign corporation,			
-		(Corporation Name) 607.1801, Florida Statutes, does hereby certif	fy:			
l.	The date on which	h corporation was first formed was1	1/03/2008			
	The jurisdiction v	where the above named corporation was first f				
3.	The name of the cowas Surfside PC	corporation immediately prior to the filing of t				
4.		e name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to 507.0202 and 607.0401 with this certificate is Surfside Orthodontics, PA				
5.	administration of	hat constituted the seat, siege social, or princi- the corporation, or any other equivalent juriso- ore the filing of the Certificate of Domestication	diction under applicable law,			
5.	Attached are Flor to s. 607.1801.	rida articles of incorporation to complete the d	lomestication requirements pursuan			
	$_{ m m}$ Brodie L Bowi					
I a		man_, of				
an		sign this Certificate of Domestication on beh	alf of the corporation and have don			
ano	d am authorized to	sign this Certificate of Domestication on beh				
an	d am authorized to	sign this Certificate of Domestication on beh				

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Surfside Orthodontics, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

28 Racetrack Road NW Fort Walton Beach, FL 32547

<u>ARTICLE III PURPOSE</u>

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The corporation shall be organized for the sole purpose of the practice of dentistry and such other activities as may from time to time be specifically found by the Board of Directors to be activities suitable and proper to be performed under the supervision of at least one person who holds a license to practice dentistry.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Brodie L Bowman

13 JAN 15 PM 2: 43
SECRETARY OF STATE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Brodie L Bowman 28 Racetrack Road NW Fort Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Brodie L Bowman 28 Racetrack Road NW Fort Walton Beach, FL 32547

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Date

Signature/Incorporator

Date