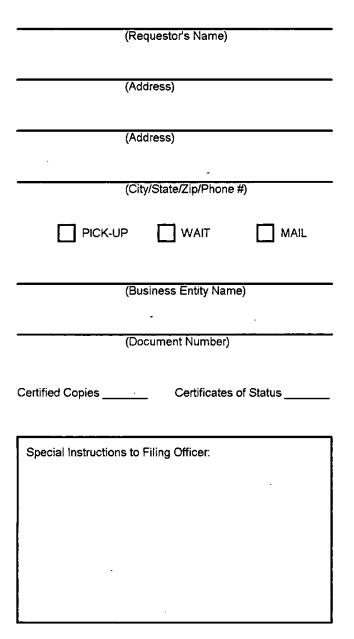
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Office Use Only

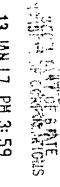
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01/07/13--01028--011 **78.75

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de 1/24/13

COVER LETTER

Department of State **New Filing Section Division of Corporations**

P. O. Box 6327						
Tallahassee, FL 32314	1					
CORPORATION SUBJECT: Heilman Practice Sales and Consulting (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)						
(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 № \$78.75	□ \$78.75 □ \$87.50					
Filing Fee Filing Fee	Filing Fee,					
& Certificate of Stat	s & Certified Copy Certified Copy & Certificate of					
	Status					
	ADDITIONAL COPY REQUIRED					
FROM: Robecc	a A. Heilman					
Name (Printed or typed)						
FROM: Rehecca A. Heilman Name (Printed or typed) 13810 Sutton Park Dr. N. #739 Address						
Jackson v	City, State & Zip					
904-	307-8261					
Daytime Telephone number						

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

機器でPIVED 13 JAN 17 AM IO: 08

FLORIDA DEPARTMENT OF STATE

Division of Corporations

January 8, 2013

REBECCA A.HEILMAN 13810 SUTTON PARK DRIVE N. #739 JACKSONVILLE, FL 32224

SUBJECT: HEILMAN PRACTICE SALES AND CONSULTING

Ref. Number: W13000001440

We have received your document for HEILMAN PRACTICE SALES AND CONSULTING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the street address of each officer/director.

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: 313A00000544

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	on shall be:	MAN	Practice	Solesano	1 Consu
	cipal office			Mailing address, if differ	ent is:
Jacksonvil		1da 322	•		
ARTICLE III PURP The purpose for which the Dentists Them in Practices	and Ve	terinar	Povide Co ans an selling	d assi-	to st
					3
ARTICLE IV SHAP The number of shares of st			•		JAN 17 PH 3: 59
Name and Title:	AL OFFICERS A Rebecca 3810 Sut Jacksonu	A. Heilm ton Park	ORS Address:	9 Presid	ent
-			·		
-					

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acception of the control of the	· A	13 JA
Address: 13810 Sutton Particle VII INCORPORATOR	32224	JAN 17 PH 3: 5
The name and address of the Incorporator is: Name: Rebecca Hill Address: 13810 Sutton Pa Tacksonville, 7	ark DR N. # 739	59 ************************************
Having been named as registered agent to accept service of this certificate, am familiar with and accept the appointme Required Signature/Registered Agent	ent as registered agent and agree to act in the	
I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degrated at the Constitute of Signature Incorporator	rein are true. I am aware that the false inf ree felony as provided for in s.817.155, F.S.	