

PI3000030808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

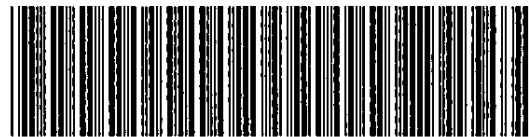
(Business Entity Name)

(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Certificate of Domestication - Sweet Hart Dental

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status \$ 8.75

D Hart  
Name (printed or typed)

3701 NW 119th Ave  
Address

Sunrise, FL 33323  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

### CERTIFICATE OF DOMESTICATION

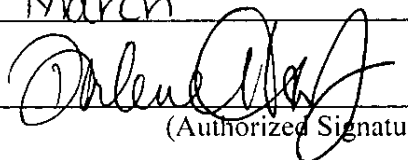
The undersigned, Darlene Hart, President,  
(Name) (Title)  
of Sweet Hart Dental, P.C. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 11,
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Sweet Hart Dental P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Sweet Hart Dental P.A.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was \_\_\_\_\_.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Darlene Hart, of Sweet Hart Dental P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 26 day of March, 2013.

  
(Authorized Signature)

#### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Sweet Hart Dental, P.A.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

3701 NW 119<sup>th</sup> Street

3701 NW 119<sup>th</sup> St

Sunrise, FL 33323

Sunrise, FL 33323

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Dental Services

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TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 200

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TALLAHASSEE, FLORIDA

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

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

Title/Name

President / Darlene Hart

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Premier Financial Services Group, Inc.  
8495 W. Commercial Blvd  
Tamarac, FL 33351

**ARTICLE VII INCORPORATOR**

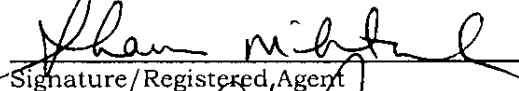
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Darlene Hart  
3701 NW 119<sup>th</sup> Street  
Sunrise, FL 33323

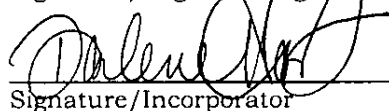
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
Signature/Registered Agent

3/26/13  
Date

  
Signature/Incorporator

3/26/13  
Date