

P13000081038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

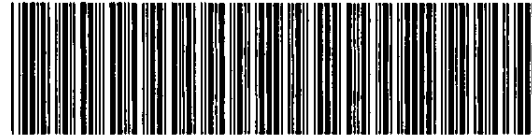
Certified Copies _____ Certificates of Status _____

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W13000049696



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 30 PM 2:35

g 10/2/13

COVER LETTER

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

SUBJECT: Certificate of Domestication for CASP Dental Implants & Periodontics, Inc.

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	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Critchfield, Critchfield & Johnston, Ltd./Rebecca L. Smith

Name (printed or typed)

4996 Foote Road

Address

Medina, Ohio 44256

City, State & Zip

330-723-6404

Daytime Telephone Number

rsmith@ccj.com

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

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2013

CRITCHFIELD, CRITCHFIELD & JOHNSTON, LTD.
ATTN: REBECCA L. SMITH
4996 FOOTE ROAD
MEDINA, OH 44256

SUBJECT: CASP DENTAL IMPLANTS & PERIODONTICS, P.A.
Ref. Number: W13000049696

We have received your document for CASP DENTAL IMPLANTS & PERIODONTICS, P.A. 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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: 613A00021174

RECEIVED
13 SEP 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 SEP 30 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF DOMESTICATION

The undersigned, Carlos Alberto Soares Pires, President,
(Name) (Title)

of CASP Dental Implants & Periodontics, Inc. 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 February 3, 2012.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was the State of Ohio.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was CASP Dental Implants & Periodontics, Inc..
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 CASP Dental Implants & Periodontics, 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 Ohio.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of CASP Dental Implants & Periodontics, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20th day of AUGUST, 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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

13 SEP 30 PM 2: 35

CASP Dental Implants & Periodontics, P.A.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

3753 Grandewood Blvd.

3753 Grandewood Blvd.

Apt. 435

Apt. 435

Orlando, FL 32837

Orlando, FL 32837

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any legal purpose, including operating a dental practice.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,500

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

Carlos Alberto Soares Pires, President

3753 Grandewood Blvd., Apt 35

Orlando, Florida 32837

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:

Carlos Alberto Soares Pires

3753 Grandewood Blvd., Apt. 435

Orlando, Florida 32837

ARTICLE VII INCORPORATOR

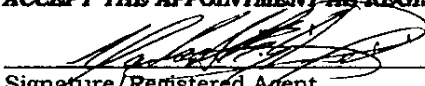
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Carlos Alberto Soares Pires

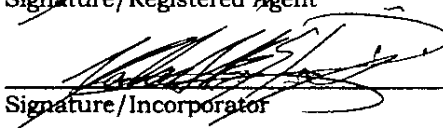
3753 Grandewood Blvd., Apt. 435

Orlando, Florida 32837

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

20/AUGUST/2013
Date


Signature/Incorporator

20/AUGUST/2013
Date

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DIVISION OF CORPORATIONS
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