

Mar 11 2014 4:05 PM

P14000022445

Florida Department of State
Division of Corporations
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(((H14000059529 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

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DIVISION OF CORPORATIONS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mkamp@haileshaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Pimendent II, PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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

No. 1696 P. 2
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ARTICLE I NAME
The name of the corporation shall be: Pimendent II, PA

ARTICLE II PRINCIPAL OFFICE
Principal street address

15320 Heron Hideaway Circle
Winter Garden, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: engage in the practice of dentistry
as a professional service corporation and to provide services
incidental thereto, carried out only through officers and other
agents who are licensed in Florida to render the services of
dentistry.

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Paul Pimentel DDS PST</u>	Name and Title:	_____
Address	<u>15320 Heron Hideaway Circle</u>	Address:	_____
	<u>Winter Garden, FL 34787</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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No. 1696 P. 3
SECRETARY OF STATE
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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mark M. Kamp
Address: 660 US Hwy One - 3rd Floor
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark M. Kamp
Address: 660 US Hwy One - 3rd Floor
North Palm Beach, FL 33408

Having been named as registered agent 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

Mark M. Kamp
Required Signature/Registered Agent

03/11/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark M. Kamp
Required Signature/Incorporator

03/11/2014

Date

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