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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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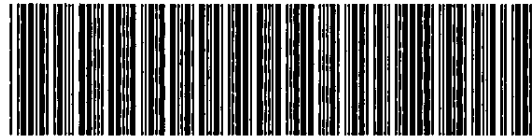
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: MOODY & MIKULKA DENTISTRY, P.A.**  
(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  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM: Anthony G. Mikulka, D.D.S.**  
Name (Printed or typed)  
**5385 Conroy Rd. Suite #101**  
Address  
**Orlando, FL 32811**  
City, State & Zip  
**407 839-4822**  
Daytime Telephone number  
**tonymikulka613@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: MOODY & MIKULKA DENTISTRY, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5385 Conroy Rd. Suite #101

same

Orlando, FL 32811

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Providing professional dental services

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Anthony G. Mikulka, D.D.S. P,VP,S,T

Name and Title: \_\_\_\_\_

Address 5385 Conroy Rd. Suite #101

Address: \_\_\_\_\_

Orlando, FL 32811

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Anthony G. Mikulka, D.D.S.

Address: 5385 Conroy Rd. Suite #101  
Orlando, FL 32811

**ARTICLE VII INCORPORATOR**

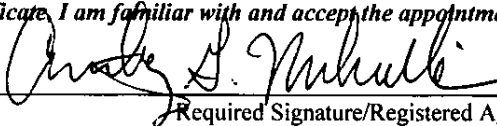
The name and address of the Incorporator is:

Name: Peter J. Moody

Address: 5385 Conroy Rd. Suite #101  
Orlando, FL 32811

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TALLAHASSEE, FLORIDA

*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*

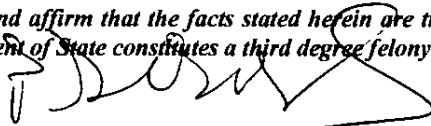


Required Signature/Registered Agent

10-6-14

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.*



Required Signature/Incorporator

10-6-14

Date

*Anthony G. Mikulka, D.D.S.*



GENERAL DENTISTRY

5385 Conroy Road, #101  
Orlando, Florida 32811  
October 6, 2014

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

Dear Sirs,

Enclosed are the articles of incorporation for MOODY & MIKULKA DENTISTRY, P.A.

Please make this addition: **ArticleVIII EFFECTIVE DATE January 1, 2015**

Thank you,

Anthony G. Mikulka, D.D.S.

phone: (407) 839-4822