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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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ONE MIDTOWN PLAZA + 1360 PEACHTREE ST. - SUITE 1050 | ATLANTA GEORGIA 30309 | P. 404.351 5280 | F. 404.351 5281 | WWW.SIAVAGELAW.COM

May 6, 2015

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

VIA FEDEX OVERNIGHT MAIL

SUBJECT: Articles of Incorporation - Children and Teen Dental Group of Florida, P.A.

To Whom It May Concern:

Enclosed are the articles of incorporation for Children and Teen Dental Group of Florida, P.A. I have also enclosed a check for \$70 for the filing fee made payable to the "Florida Department of State."

Should you have any questions or if there is any problem with this filing, please do not hesitate to contact me at (404) 537-4336.

Very truly yours,

Kara Williamson

Enclosures:

- 1. Articles of Incorporation
- 2. Check for filing fee

COVER LETTER

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

SUBJECT: Child	ren and Teen Dental Group of Florida,	P.A.		
зоваест	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:	
■ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL COPY REQUIR		
FROM:	Kara Williamson, Siavage Law Group, LLC Name (Printed or typed) 1360 Peachtree Street, Suite 1050			
_	Address			
A	Atlanta, GA 30309			
_	City, State & Zip			
4	104-351-5280			
_	Daytime 7	elephone number		
k	williamson@siavagelaw.com			
_	F-mail address: (to be use	d 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 II PRI	NCIPAL OFFICE		
	Principal street address	Mailing add	ress, if different is:
225 Imperial Bouleva	ard		
Lakeland, FL 33803			
ARTICLE III PUR The purpose for which	POSE 1 the corporation is organized is:	g dentistry services.	
			A STATE OF
			85 J F
ARTICLE IV SHA The number of shares	<u>RES</u> 10,000 of stock is:		7 1: 03
The number of shares	of stock is:		200 T
The number of shares ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTORS Dr. Nancy Montgomery, Director	Name and Title:	1: 03
The number of shares	TAL OFFICERS AND/OR DIRECTORS Dr. Nancy Montgomery, Director	Name and Title:	1: 03
The number of shares ARTICLE V INIT Name and Ta	of stock is: CIAL OFFICERS AND/OR DIRECTORS tle: Dr. Nancy Montgomery, Director		1: 03
The number of shares ARTICLE V INIT Name and Ta	tle: 225 Imperial Boulevard		1: 03
The number of shares ARTICLE V INIT Name and Tail Address	tle: 225 Imperial Boulevard	Address:	1: 03
The number of shares ARTICLE V INIT Name and Tail Address	tle: 225 Imperial Boulevard Lakeland, FL 33803	Address: Name and Title:	1: 03
The number of shares ARTICLE V INIT Name and Ta Address Name and Tit	tle: Control Control	Address: Name and Title: Address:	1: 03
The number of shares ARTICLE V INIT Name and Ta Address Name and Tit Address	tle: 225 Imperial Boulevard Lakeland, FL 33803	Address: Name and Title: Address:	1: 03

Name and	d Title:	Name and Title:
Address		Address:
•		
•		
	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of CT Corporation System	the registered agent is:
Name:	1200 South Pine Island Road	•
Address:	Plantation, FL 33324	
	141144011, 119 33324	
ARTICLE VII	NCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Kara Williamson, Siavage Law Group, LLC	
Address:	1360 Peachtree Street, Suite 1050	,
	Atlanta, GA 30309	
ARTICLE VIII Effective date, if o	EFFECTIVE DATE: other than the date of filing:	.(OPTIONAL)
(If an effective da days after the fili	ite is listed, the date must be specific and cannot	be more than five business days prior or 90 business
•		tatutory filing requirements, this date will not be listed as
	ective date on the Department of State's records.	
Having bợển name	ed as registered agent to accept service of process	for the above stated corporation at the place designated in
this certificate, it an	n familiar with and accept the appointment as regi	stered agent and agree to act in this capacity
	Required Signature/Registersing ant S	lunez S/G/IC Date
I submit this docu		rue. I am aware that the false information submitted in a
document to the D	epartment of State constitutes a third degree felony	as provided for in s.817.155, F.S.
TW	WM	May 6, 2015
Kequire	ed Signature/Incorporator	Date