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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**David C. Jackson DMD PA**

Certificate of Status	1
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**David C. Jackson DMD PA**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1046 Duval Street  
Jupiter, FL 33458

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares with no par value.

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of : Dentistry

*Prepared By:*  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David C. Jackson  
1046 Duval Street  
Jupiter, FL 33458

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

David C. Jackson - President/Director  
1046 Duval Street  
Jupiter, FL 33458

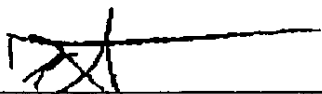
ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

David C. Jackson  
1046 Duval Street  
Jupiter, FL 33458

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of June 20 15

  
\_\_\_\_\_  
David C. Jackson  
SIGNATURE

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: David C. Jackson DMD PA

2. The name and address of the registered agent and office is:

David C. Jackson

Name


1046 Duval Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Jupiter, FL 33458

(City / State / Zip)

*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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
✓ David C. Jackson  
SIGNATURE

June 19, 2015  
(Date)

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