

PIS 0000074633

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

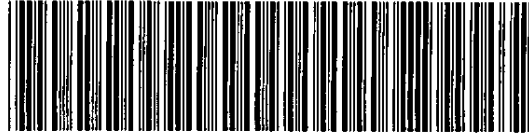
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15 SEP 10 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 14 2015  
E. Bush

## COVER LETTER

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

**SUBJECT:** Margherita G. De Moya, DDS 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:** Margherita G. De Moya

Name (Printed or typed)

723 Forest Shores Drive

Address

Mary Esther, FL 32569

City, State & Zip

850-864-3131

Daytime Telephone number

dr3@mgm.dds.gccoxmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2015

MARGHERITA G. DE DEMOYA  
723 FOREST SHORES DRIVE  
MARY ESTHER, FL 32569

SUBJECT: MARGHERITA G. DEMOYA, DDS, P.A.  
Ref. Number: W15000056770

We have received your document for MARGHERITA G. DEMOYA, DDS, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 015A00018029

September 5, 2015

Florida Department of State  
Division of Corporations

P.O. Box 6327  
Tallahassee, FL 32314

**Re: Letter Number: 015A00018029**  
**Subject: Margherita G. de Moya, DDS, PA**  
**Ref. Number: W15000056770**

To Whom It May Concern:

This is in response to the request conveyed in the letter referenced above regarding the formation of my new corporation being delayed because the name is the same as an existing entity. I am the principal of both entities, changing from a PL to a corporation.

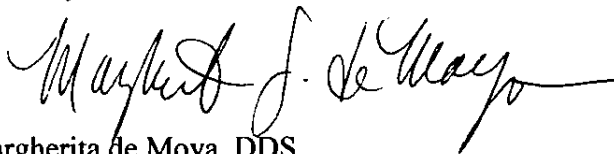
I would appreciate if this could be expedited. A significant delay will cause great disruption to my practice. Please feel free to contact me should anything else be required.

Margherita de Moya, DDS

403A Hollywood Blvd, NW, STE 101

Fort Walton Beach, FL 32548 Phone: 850 244-0101

Sincerely,

A handwritten signature in black ink, appearing to read 'Margherita G. de Moya', with a long horizontal flourish extending to the right.

Margherita de Moya, DDS

**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: Margherita G. De Moya, DDS . P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

403 A Hollywood Blvd. Suite 101

Fort Walton Beach, Florida 32548

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Pediatric dentistry

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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: Margherita G. De Moya

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

Address 403 A Hollywood Blvd. Suite 101

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

Ft Walton Beach, FL 32548

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

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

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

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

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: Margherita G. De Moya

Address: 403 A Hollywood Blvd. Suite 101

Ft Walton Beach, FL 32548

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Margherita G. De Moya

Address: 403 A Hollywood Blvd. Suite 101

Ft Walton Beach, FL 32548

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X Margherita G. De Moya  
Required Signature/Registered Agent

8-14-2015  
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.*

X Margherita G. De Moya  
Required Signature/Incorporator

8-14-2015  
Date