

P15000075604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

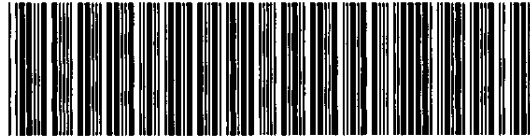
(Business Entity Name)

(Document Number)

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

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09/08/15--01031--023 \*\*137.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 SEP - 8 AM 11:07

h 09/17/15

August 30<sup>th</sup>, 2015

Florida Secretary of State

Re: Domestication and Articles of Incorporation of Bellefonte Children's Dentistry, PSC

Dear Secretary of State:

You will find herewith a signed copy of the Domestication and Articles of Incorporation of Bellefonte Children's Dentistry, PSC, along with a check for \$137.50 for the requisite filing fee, including certificate of status.

Please let me know if there is something else you need, and **please send all successfully filed, or rejected filings to me at the address below.** Thank you for your assistance.

Sincerely,



David S. Cohen  
6900 N. Dallas Parkway  
Suite 625  
Plano, Texas 75024  
(972) 379-7513

Enclosure

**COVER LETTER**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**SUBJECT: Domestication of Bellefonte Children's Dentistry, PSC**

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**Jennifer Hughes**

Name (printed or typed)

**1879 Veteran's Park Drive**

Address

**Naples, FL 34109**

City, State & Zip

**972-37-7513**

Daytime Telephone Number

**benjaminhughes1@me.com**

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

**CERTIFICATE OF DOMESTICATION**

The undersigned, Jennifer Hughes, President,  
(Name) (Title)

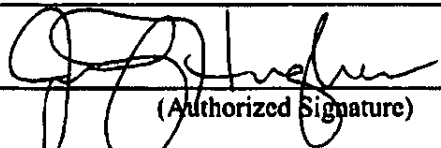
of Bellefonte Children's Dentistry, PSC a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 1, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Kentucky.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Bellefonte Children's Dentistry, PSC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Bellefonte Children's Dentistry, PSC, PA.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Kentucky.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Jennifer Hughes, of Bellefonte Children's Dentistry, PSC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25th day of August, 2015.

  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	<b>\$ 50.00</b>
Articles of Incorporation and Certified Copy	<b>\$ 78.75</b>
Total to domesticate and file	<b>\$128.75</b>

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**ARTICLES OF INCORPORATION**  
***IN COMPLIANCE WITH CHAPTER 607, F.S.***

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Bellefonte Children's Dentistry, PSC, PA

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

1879 Veteran's Park Drive, Naples, FL 34109

1879 Veteran's Park Drive, Naples, FL 34109

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The purpose for which the corporation is organized is the professional practice of dentistry.

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**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Jennifer Hughes

Jennifer Hughes

Jennifer Hughes

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

President

Secretary

Treasurer

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

**THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:**

Jennifer Hughes  
1879 Veteran's Park Drive  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**

**THE NAME AND ADDRESS OF THE INCORPORATOR IS:**

Jennifer Hughes  
1879 Veteran's Park Drive  
Naples, FL 34109

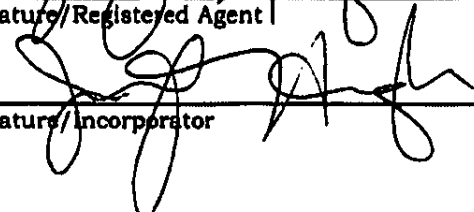
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**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

  
Signature/Registered Agent

08/25/2015  
Date

  
Signature/Incorporator

08/25/2015  
Date