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(City/State/Zip/Phone #)

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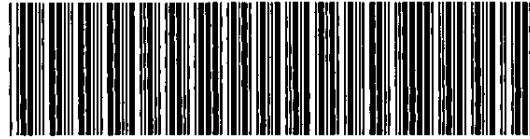
(Business Entity Name)

(Document Number)

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2015 OCT 12 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015

T. BROWN

COVER LETTER

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

SUBJECT: Children and Teen Ortho Group of Florida, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kara Williamson, Siavage Law Group, LLC

Name (Printed or typed)

1040 West Marietta Street, Suite E-102

Address

Atlanta, GA 30318

City, State & Zip

404-351-5280

Daytime Telephone number

kwilliamson@siavagelaw.com

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

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



1040 West Marietta Street, Suite F-102
Atlanta, Georgia 30318
404-351-5280 • 404-351-5281 (fax) • www.sivagelaw.com

October 8, 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 Ortho Group of Florida, P.A.

To Whom It May Concern:

Enclosed are the articles of incorporation for Children and Teen Ortho 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,

A handwritten signature in black ink, appearing to read "Kara Williamson". The signature is fluid and cursive.

Kara Williamson

Enclosures:

1. Articles of Incorporation (original + copy)
2. Check for filing fee

{00031719 v1}

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: Children and Teen Ortho Group of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

225 Imperial Boulevard

Lakeland, FL 33803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing orthodontic and related dentistry services.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Maggie Michael, Director, President

Name and Title: _____

Address: and Secretary

Address: _____

521 Enclave Circle E

Pembroke Pines, FL 33027

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: CT Corporation System _____

Address: 1200 South Pine Island _____

Plantation, FL 33324 _____

ARTICLE VII INCORPORATOR

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

Name: Kara Williamson, Siavage Law Group, LLC _____

Address: 1040 West Marietta Street, Suite E-102 _____

Atlanta, GA 30318 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Jenifer Vincent

Required Signature/Registered Agent

10/08/2015

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.

[Signature]

Required Signature/Incorporator

10/8/15

Date