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16 MAR 14 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Dental Arts of Boynton Beach, 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: Domenick Cerullo, D.M.D.  
Name (Printed or typed)

21934 Philmont Court  
Address

Boca Raton, FL 33428  
City, State & Zip

(561) 757-6183  
Daytime Telephone number

dcerulldmd@yahoo.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

March 23, 2016

DOMENICK CERULLO, D.M.D  
21034 PHILMONT COURT  
BOCA RATON, FL 33428

SUBJECT: DENTAL ARTS OF BOYNTON BEACH, P.A.  
Ref. Number: W16000021780

We have received your document for DENTAL ARTS OF BOYNTON BEACH, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00006005

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: Dental Arts of Boynton Beach, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address: Hagan Ranch Medical Center  
10150 Hagan Ranch Rd. Suite 202  
Boynton Beach, FL 33437

Mailing address, if different is: Dental Arts of  
Boynton Beach, P.A.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of 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: Domenick Cerullo, DMD President  
Address: Hagan Ranch Medical Center Address: Dental Arts of  
10150 Hagan Ranch Rd. Suite 202 Boynton Beach, P.A.  
Boynton Beach, FL 33437

Name and Title: ~~Laura Cerullo~~ ~~Vice President~~ (Signature)  
Address: ~~Hagan Ranch Medical Center~~  
~~10150 Hagan Ranch Rd. Suite 202~~  
~~Boynton Beach, FL 33437~~

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: Domenick Cerullo, DMD } Dental Arts of  
Address: Hagan Ranch Medical Center } Boynton Beach, P.A.  
10150 Hagan Ranch Rd. Suite 202  
Boynton Beach, FL 33437

**ARTICLE VII INCORPORATOR**

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

Name: Domenick Cerullo, DMD } Dental Arts of  
Address: Hagan Ranch Medical Center } Boynton Beach, P.A.  
10150 Hagan Ranch Rd. Suite 202  
Boynton Beach, FL 33437

**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

Domenick Cerullo DMD

Required Signature/Registered Agent

3/9/16  
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.

Domenick Cerullo DMD

Required Signature/Incorporator

3/9/16  
Date