

| (Requestor's Name) | | | | | |
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| (Ac | (Address) | | | | |
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| (Ac | ldress) | | | | |
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| (6) | ty/State/Zip/Phone | - 40 | | | |
| (CI | ty/State/Zip/Prione | s #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
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| (Bu | usiness Entity Nan | ne) | | | |
| (=- | , | , | | | |
| | | | | | |
| (Do | ocument Number) | | | | |
| | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| | | | | | |
| Special Instructions to | Filing Officer: | | | | |
| Special instructions to 1 ming officer. | | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Sus | san C Kelly DMD INC | | | |
|--------------------|---|------------------------------------|----------------------------|--|
| sommer | (PROPOSED CORPO |)RATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an | original and one (1) copy of the | e articles of incorporation and | I a check for: | |
| S70.0 Filing Fo | - · · · · · · · · · · · · · · · · · · · | S78.75 Filing Fee & Certified Copy | & Certificate of Status | |
| | | ADDITIONAL CO | OPY REQUIRED | |
| FROM: | : Susan C Kelly | lame (Printed or typed) | | |
| | 1295 Solomon Cir | | | |
| | | Address | | |
| | Cantonment, FL 32533 | | | |
| | City, State & Zip | | | |
| | 850-968-0113 | | | |
| | Daytii | ne Telephone number | | |
| | srkelly lageox.net | | | |
| | E-mail address: (to be | used for future annual report | notification) | |

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE II PRI: | | | Maillian addings of tree |
|--|---|--|--|
| Principal <u>street</u> address 95 Solomon Cir | | · | Mailing address, if different is: |
| intonment, FL 3251 | 13 | | |
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| VARIATION, | | | |
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| RTICLE IV SILA | <u>RES</u> 1000 | | |
| RTICLE IV SHA e number of shares | of stock is: | <u>PRS</u> | |
| RTICLE IV SHA e number of shares | of stock is: **IAL OFFICERS AND/OR DIRECTO** **Owner Susan C Kelly** **Ile: | <u>PRS</u> | Owner Richard V Kelly |
| RTICLE IV SHA e number of shares | of stock is: | Name and Title | Owner Richard V Kelly 1295 Solomon Cir |
| e number of shares STICLE V INIT Name and T | IAL OFFICERS AND/OR DIRECTO Owner Susan C Kelly 1295 Solomon Cir. | Name and Title | |
| RTICLE IV SHA e number of shares RTICLE V INTI Name and T Address | IAL OFFICERS AND/OR DIRECTO Owner Susan C Kelly 1295 Solomon Cir Cantonment, FL 32533 | Name and Title Address: | Cantonment, FL 32533 |
| RTICLE IV SHA e number of shares RTICLE V INTI Name and T Address | IAL OFFICERS AND/OR DIRECTO Owner Susan C Kelly 1295 Solomon Cir Cantonment, FL 32533 | Name and Title Address: | 1295 Solomon Cir Cantonment, FL 32533 |
| RTICLE IV SHA e number of shares RTICLE V INTI Name and T Address | IAL OFFICERS AND/OR DIRECTO Owner Susan C Kelly 1295 Solomon Cir Cantonment, FL 32533 | Name and Title Address: Name and Title | Cantonment, FL 32533 |
| e number of shares ETICLE V INIT Name and T Address Name and Tit | of stock is: IAL OFFICERS AND/OR DIRECTO tle: Owner Susan C Kelly 1295 Solomon Cir Cantonment, FL 32533 | Name and Title Address: Name and Title | 1295 Solomon Cir Cantonment, FL 32533 |
| e number of shares ETICLE V INIT Name and T Address Name and Tit | of stock is: IAL OFFICERS AND/OR DIRECTO tle: Owner Susan C Kelly 1295 Solomon Cir Cantonment, FL 32533 | Name and Title Address: Name and Title Address: Address: | Cantonment, FL 32533 |
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| PATICLE IV SHA c number of shares PATICLE V INIT Name and Ti Address Name and Ti Address | IAL OFFICERS AND/OR DIRECTO (Ide: Owner Susan C Kelly 1295 Solomon Cir Cantonment, FL 32533 | Name and Title Address: Name and Title Address: Address: | Cantonment, FL 32533 |

| Name a | and Tale; | Name and Title: |
|---|---|---|
| Addres | ss | Address: |
| | | |
| | | |
| | | |
| | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | Susan C Kelly | |
| Address: | 1295 Solomon Cir | |
| | Cantonment, FL 32533 | |
| <u>ARTICLE VII</u> | INCORPORATOR | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | Stephen Scott | |
| Address: | 804 N 75th Ave | |
| | Pensacola, FL 32506 | <u> </u> |
| Effective date, (If an effective days after the Note: If the days | filing.) the inserted in this block does not meet the applicate | not be more than five business days prior or 90 business the statutory filing requirements, this date will not be listed as |
| | s effective date on the Department of State's record | |
| Having been n this certificate, | named as registered agent to accept service of proc I am familiar with and accept the appointment as | |
| | Required Signature/Rygistered Agent | 7/1/16 Date |
| I submit this d document to th | \mathbf{c} | re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S. |
| | Jujet Signature/Incorporator | 7/1/2016 |
| Rec | quirett Signature/Incorporator | / tyate |

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