

**P17 000 044 340**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LAKE WORTH DENTAL CARE PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**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: LAKE WORTH DENTAL CARE PA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 104 WINDSOR COURT  
LAKE WORTH, FLORIDA 33462  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: FOR THE PRACTICE OF DENTAL CARE AND ANY OTHER BUSINESS LEGAL  
IN THE STATE OF FLORIDA AND UNITED STATES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title:	<u>YAGNABALA PATEL, PRESIDENT</u>	Name and Title:	_____
Address:	<u>104 WINDSOR COURT</u> <u>LAKE WORTH, FL 33462</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____

ALLA ASSOCIATES, P.A.  
17 MAY 18 AM 10:04

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: YAGNABALA PATEL  
Address: 104 WINDSOR COURT  
LAKE WORTH, FL 33462

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YAGNABALA PATEL  
Address: 104 WINDSOR COURT  
LAKE WORTH, FL 33462

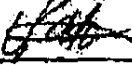
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

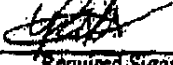
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.*

 5-18-17  
Required Signature/Registered Agent 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.*

 5-18-17  
Required Signature/Incorporator Date

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