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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

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

Email Address: Craig.meskin@BellSouth.net

FLORIDA PROFIT/NON PROFIT CORPORATION
CRAIG E. MESKIN DDS PA

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CRAIG E. MESKIN DDS PA**ARTICLE II PRINCIPAL OFFICE**Principal street address5245 NW 51ST STREET

Mailing address, if different is:

5245 NW 51ST STREETCOCONUT CREEK FLORIDA 33073COCONUT CREEK FLORIDA 33073**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

PROFESSIONAL DENTIST SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 1000 COMMON STOCK AT \$.10 PAR**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CRAIG E. MESKIN DPSTAddress 5245 NW 51ST STREETCOCONUT CREEK FLORIDA 33073

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN, ESQ

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607


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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*

 _____
Required Signature/Registered Agent

03/23/2018

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.

 _____
Required Signature/Incorporator

03/23/2018

Date

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