

P18000076533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

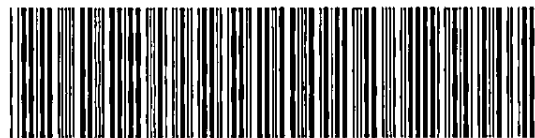
(Document Number)

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 9/11/2018  
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*en: c DW*

Name:	SOH of Florida, PA
Document #:	
Order #:	11151554

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Verifier _____
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Amount: \$ 70.00

18 SEP 11 AM 9:00  
11151554

Thank you!

## COVER LETTER

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

SUBJECT: SOH of Florida, PA  
(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: Varsha Ganessingh  
Name (Printed or typed)

610 North Hills Avenue, Suite 200  
Address

Orlando, Florida 32803  
City, State & Zip

Daytime Telephone number

ganessinghv@gmail.com  
E-mail address: (to be used for future annual report notification)

18 SEP 11 AM 9:00

**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)

**ARTICLE I NAME**

The name of the corporation shall be: SOH of Florida, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
610 North Hills Avenue, Suite 200

Orlando, Florida 32803

Mailing address, if different is:  
1422 Elbridge Payne Road, Suite 240

Chesterfield, MO 63017

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Varsha Ganessingh - Manager Name and Title: \_\_\_\_\_

Address: 610 North Hills Avenue, Suite 200 Address: \_\_\_\_\_

Orlando, Florida 32803 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

19 SEP 11 AM 9:00  
ATTEST  
NOTARY

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: Varsha Ganessingh

Address: 610 North Hills Avenue, Suite 200

Orlando, Florida 32803

**ARTICLE VII INCORPORATOR**

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

Name: Varsha Ganessingh

Address: 610 North Hills Avenue, Suite 200

Orlando, Florida 32803

**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

\_\_\_\_\_  
Date 09/08/18

*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

\_\_\_\_\_  
Date 09/08/18

18 SEP 11 AM 9:00  
SECRET  
FALL 2018