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(Requestor's Name)

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(Business Entity Name)

(Document Number)

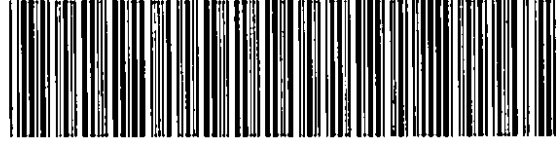
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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10:00 AM



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2018 OCT 25 AM 9:02  
TALLAHASSEE, FL 32309

2018 OCT 25 AM 9:02

## COVER LETTER

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

**SUBJECT:** Destination Dental, Inc.  
**(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:** Ms. Donna Tuttle  
Name (Printed or typed)  
3160 SE Granvia Way  
Address  
Stuart, Florida 34996  
City, State & Zip  
904 307 3345  
Daytime Telephone number  
1642donna@comcast.com  
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)

**ARTICLE I NAME**  
The name of the corporation shall be: Destination Dental, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 3160 Gran Via Way, Stuart, FL 34996  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: provide a mobile dental hygiene services  
and perform all other legal related acts in connection with the dental hygiene services  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: One Hundred shares (100)

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

Name and Title:	<u>Ms. Donna Tuttle, President</u>	Name and Title:	_____
Address	<u>3160 SE Gran Via Way</u> <u>Stuart, FL 34996</u>	Address:	_____ _____ _____

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

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

FILED  
OCT 25 AM 9:02  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF STUART, FLORIDA

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: Edward B. Galante, Esq.  
Address: 300 Colorado Ave., Suite 201  
Stuart, Florida 34994

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ms. Donna Tuttle  
Address: 3160 SE Granvia  
Stuart, Florida 34996

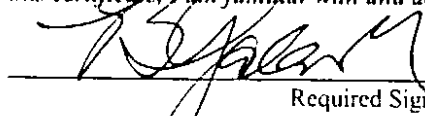
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 1, 2018 (OPTIONAL)

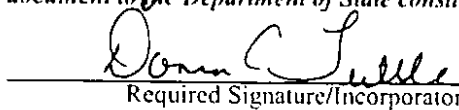
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 August 31, 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 August 31, 2018  
Date