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Florida Department of State
 Corporations
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To:

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

From:

Account Name : SUPERBIZ.COM, INC.
 Account Number : I20370000160
 Phone : (800)494-3124
 Fax Number : (305)675-2811

****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
DR. CYNTHIA HABASHY PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2019 JUL 15 PM 1:40

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 TALLAHASSEE, FLORIDA

19 JUL 15 AM 11:03

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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 :

DR. CYNTHIA HABASHY PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is :

**4388 GOLFERS CIR W
PALM BEACH GARDENS, FLORIDA 33410**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to render the professional service of dentistry as permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

**DIRECTOR & PRESIDENT:
CYNTHIA HABASHY
4388 GOLFERS CIR W
PALM BEACH GARDENS, FLORIDA 33410**

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PAGE 2 DR. CYNTHIA HABASHY PA

ARTICLE VI REGISTERED AGENT

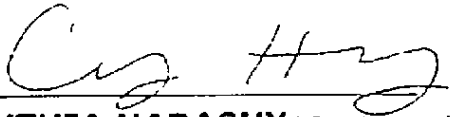
The name and Florida street address of the registered agent is:

**CYNTHIA HABASHY
4388 GOLFERS CIR W
PALM BEACH GARDENS, FLORIDA 33410**

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

**CYNTHIA HABASHY
4388 GOLFERS CIR W
PALM BEACH GARDENS, FLORIDA 33410**


CYNTHIA HABASHY / Registered Agent

7-14-19
Date

Having been named as registered agent to accept service of process for the above 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.


CYNTHIA HABASHY / Incorporator

7-14-19
Date

I submit this document and affirm that facts stated herein are true. I am aware that any 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.

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