

7/29/2020

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Baylee Dental, P.A.**

Certificate of Status	0
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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: Baylee Dental, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12161 CR 103, Suite 101

Oxford, FL 34484

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This professional entity will be formed for the purpose of providing  
professional dental services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Dennis B. Davis, D.M.D., M.S.

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

Address President, Secretary, and Treasurer

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

12161 CR 103, Suite 101

Oxford, FL 34484

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

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

Address \_\_\_\_\_

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

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

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

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

Name: Dennis B. Davis, D.M.D., M.S.

Address: 12161 CR 103, Suite 101

Oxford, FL 34484

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**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Dennis B. Davis, D.M.D., M.S.

Address: 12161 CR 103, Suite 101

Oxford, FL 34484

**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*Dennis Davis, D.M.D., M.S.7/29/2020

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.*Dennis Davis, D.M.D., M.S.

Dennis B. Davis, D.M.D., M.S., President

7/29/2020

Required Signature/Incorporator

Date