# P21000064021

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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W2100009'	7960	

Office Use Only



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SECRETAL OF STATE

07/09/21--01004--020 \*\*70.00

P. J. -3 FI 3:05

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HARRISON W. GOLI	LOB DMD P.	A		
		,		
	<del></del>			
				Art of Inc. File
	<del></del>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
		ı		Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
o.g				Vehicle Search
				Driving Record
Requested by: SETH	07/12/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up	<del></del>	<del></del>	Courier

## **COVER LETTER**

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

SUBJECT: Harris	on W. Gollob, D.M.D., P.A.		
	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the an	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM:	onathan Steszewski, Esq.	e (Printed or typed)	
1:	5100 NW 67 Ave., Suite 200		
		Address	
М	iami Lakes, FL 33014		
_	City,	State & Zip	
30	5-631-2438		
_	Daytime T	elephone number	
jon	athan@steszewskimedina.com		
	E-mail address: (to be use	d for future annual report n	otification)

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)

) Interlachen Road	Principal street address		
	I, Suite A	Mailing add	ress, if different is:
Melboume, FL 32940			- <del></del>
FICLE III PUR purpose for which	POSE a the corporation is organized is: Denta	al Practice	
CLEIV SHAR umber of shares of	<u>ES</u> Fstock is: <sup>100</sup>		<u> </u>
C. F. L		-	<del></del> .
	AL OFFICERS AND/OR DIRECTORS		; . ! ()
Name and Titl	e: Harrison Gollob, DMD , Prosid	Name and Title:	
Address		Address:	r
	Melbourne, FL 32940		
Name and Title:		Name and Title:	
Address			
Name and Title			
Address		Name and Title:	
		Address:	

Name a	nd Title:	Name and Title:
Addres	<u> </u>	Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	Jonathan Steszewski, Esq.	
Address:	15100 NW 67th Ave., Suite 200	
	Miami Lakes, FL 33014	
ARTICI F VII	<u>INCORPORATOR</u>	
	address of the Incorporator is:	
Name:	Jonathan Steszewski, Esq.	
Address:	15100 NW 67th Ave., Suite 200	
	Miami Lakes, FL 33014	<del></del>
ARTICI.F VIII	_EFFECTIVE DATE:	
Effective date, if	fother than the date of filing:	(OPTIONAL)
(If an effective of filing.)	date is listed, the date must be specific and c	annot be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applie	cable statutory filing requirements, this date will not be listed as
the document's e	effective date on the Department of State's reco	ords.
Havine heen nan	med as registered agent Maccant semilored proc	ess for the above stated corporation at the place designated in the
certificate, I am j	familiar with and accept the appointment as re-	ess for the above stated corporation at the place designated in the sistered agent and agree to act in this capacity
		7/07/21
	Required Signature/Registered Agent	
submit this doc	cument and affirm that the facts stated herein	are true. I am aware that the false information submitted in
locument to the	Department of State constitutes a third degree	elony as provided for in s.817.155, F.S.
		- 7/07/21
Equired Signatu	ure/Incorporator	Date

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