

# P22000063018

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : RASI  
Account Number : I20220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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

Antoine E Chiha DDS PA

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

2022 AUG 11 AM 8:04

2022 AUG 11 AM 1:29

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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: Antoine E Chiha DDS PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3600 Beneva Oaks Blvd

Sarasota, FL 34238

Mailing address, if different is:

3600 Beneva Oaks Blvd

Sarasota, FL 34238

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental Office

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Antoine E Chiha-Pres

Name and Title:

Address

3600 Beneva Oaks Blvd

Address:

Sarasota, FL 34238

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Antoine E Chiha  
Address: 3600 Beneva Oaks Blvd  
Sarasota, FL 34238

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Antoine E Chiha  
Address: 3600 Beneva Oaks Blvd  
Sarasota, FL 34238

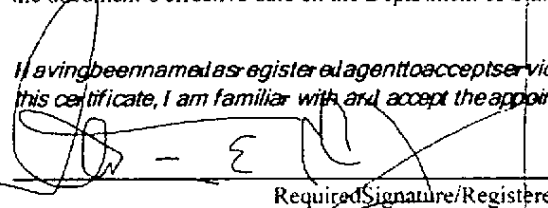
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business days after the filing.)

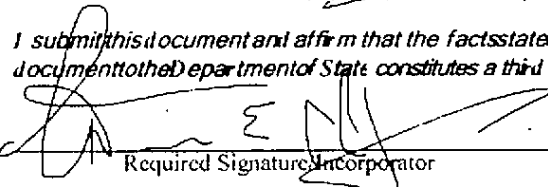
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*I, 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

*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

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To: \*

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From: Veronica Gonzalez

850-617-6381

8/10/2022 9:05:02 AM PAGE

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Fax Server



August 10, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RASI

SUBJECT: ANTOINE E CHIHA DDS PA  
REF: W22000103212

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H22000269469  
Letter Number: 022A00017813

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