

# P23000049297308

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : CAPITOL SERVICES, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
CENTRAL FLORIDA ORAL SURGERY HOLDINGS, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

H23000049295

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

SUBJECT: Central Florida Oral Surgery Holdings, P.A.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Lisa Murphy, Paralegal, Dykema Gossett PLLC  
Name (Printed or typed)

112 E. Pecan Street, Suite 1800  
Address

San Antonio, Texas 78205  
City, State & Zip

(210) 554-5317  
Daytime Telephone number

lmurphy@dykema.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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NOTE: Please provide the original and one copy of the articles.

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Central Florida Oral Surgery Holdings, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1950 Laurel Manor Dr., Ste. 174  
The Villages, Florida 32162

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide dental services through licensed dentists and other dental professionals

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Jad Jaffal, DMD, President

Address: 1950 Laurel Manor Dr., Ste. 174  
The Villages, Florida 32162

Name and Title: Jad Jaffal, DMD, Director

Address: 1950 Laurel Manor Dr., Ste. 174  
The Villages, Florida 32162

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

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

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

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

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

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

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

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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: Jad Jaffal, DMD  
 Address: 1950 Laurel Manor Dr., Ste. 174  
The Villages, Florida 32162

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

Name: Jad Jaffal, DMD  
 Address: 1950 Laurel Manor Dr., Ste. 174  
The Villages, Florida 32162

**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.*

Designated by  
Jad Jaffal, DMD  
 Jad Jaffal, DMD

2/6/2023

*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.*

Designated by  
Jad Jaffal, DMD  
 Jad Jaffal, DMD

2/6/2023

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