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TRANSMITTAL LETTER

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

100001536421  
-07/13/95--01009--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Luisa F. Garcia, DDS, PA  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM:

Luisa F. Garcia  
Name (printed or typed)  
159 Granada Avenue  
Address  
Ft. Lauderdale, Fl. 33326  
City, State, & Zip  
( 305 ) 389-6331  
Telephone Number

RECEIVED  
TALLAHASSEE, FLORIDA  
JUL 21 PM 1:19

7/17/95  
AS  
WFS-14067  
cc678  
cc630  
cc671

Note: Please provide the original and one copy of the Articles.



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 17, 1995

LUISA F. GARCIA DDS PA  
159 GRANADA AVENUE  
FORT LAUDERDALE, FL 33326

SUBJECT: LUISA F. GARCIA, DDS, PA  
Ref. Number: W95000014267

We have received your document for LUISA F. GARCIA, DDS, PA and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 395A00034039

**ARTICLES OF INCORPORATION**

**OF**

Luisa F. Garcia, DDS, PA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

95 JUL 21 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Luisa F. Garcia, DDS, PA

The specific business nature of this professional association is the practice of Dentistry.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

159 Granada Avenue  
Ft. Lauderdale, Fl. 33326

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares Common Stock at \$1.00 per Share Par Value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Luisa F. Garcia  
159 Granada Avenue  
Ft. Lauderdale, Fl. 33326

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Luisa F. Garcia  
159 Granada Avenue  
Ft. Lauderdale, Fl. 33326

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of July, 19 95.

*Luisa Garcia*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Luisa F. Garcia, DDS, PA

2. The name and address of the registered agent and office is:

Luisa F. Garcia

(NAME)

159 Granada Avenue

(P.O. BOX NOT ACCEPTABLE)

Ft. Lauderdale, Fl. 33326

(CITY/STATE/ZIP)

RECORDED  
15 JUL 21 11:13  
TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE ✓ Luisa Garcia

DATE ✓ July 10/95