

P96000078123
TRANSMITTAL LETTER

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

000001938068
-09/04/96--01080--015
*****70.00 *****70.00

SUBJECT: PINE PLAZA DENTAL CARE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

FRANKLIN CONDORI, DDS

Name (printed or typed)

4560 15th AVE SW

Address

NAPLES - FLORIDA 34116

City, State & Zip

(941) 353-7424 or 455-0221

Daytime Telephone number

FILED
96 SEP 20 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W96-18627~~

AB 9/20

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 6, 1996

FRANKLIN CONDORI, DDS
4560 15TH AVENUE, SW
NAPLES, FL 34116

SUBJECT: PINE PLAZA DENTAL CARE, INC.
Ref. Number: W96000018627

We have received your document for PINE PLAZA DENTAL CARE, INC. 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 document must state the number of shares of authorized stock.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout 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) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 396A00041663

ARTICLES OF INCORPORATION

FILED
96 SEP 20 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

PINE PLAZA DENTAL CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

PINE PLAZA
1725 COUNTY ROAD 951, SUITE #105
NAPLES - FLORIDA 34116

ARTICLE III SHARES

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

ONE HUNDRED SHARES OF STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANKLIN CONDORI, DDS
4560 15th AVE SW
NAPLES - FLORIDA 34116

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

FRANKLIN CONDORI, DDS
4560 15th AVE SW
NAPLES - FLORIDA - 34116

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

22th day of AUGUST, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: PINE PLAZA DENTAL CARE, INC.

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

FRANKLIN CONDORI, DDS
(NAME)
4560 15th AVE SW
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
NAPLES - FLORIDA - 34116
(CITY/STATE/ZIP)

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SECRETARY OF STATE
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)

08/22/96
(DATE)