

P97000106008

TRANSMITTAL LETTER

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

600002374446--3
-12/17/97--01033--007
*****78.75 *****78.75

SUBJECT: ALFRED G. BOVE, DMD, 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

FROM: PADGETT BUSINESS SERVICES
Name (printed or typed)

45 WEST TARPON AVENUE
Address

TARPON SPRINGS, FL 34689
City, State & Zip

(813) 934-7759
Daytime Telephone number

FILED
97 DEC 17 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12-17-97

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

ARTICLES OF INCORPORATION

FILED
97 DEC 17 PM 1:03
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: ALFRED G. BOVE, DMD, INC.

ARTICLE II PRINCIPAL OFFICE

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

867 KLOSTERMAN ROAD EAST
TARPON SPRINGS, FL 34689

ARTICLE III SHARES

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

FIVE-HUNDRED (500) SHARES
COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALFRED G. BOVE, DMD
867 KLOSTERMAN ROAD EAST
TARPON SPRINGS, FL 34689


ARTICLE V INCORPORATOR(S)

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

ALFRED G. BOVE, DMD
867 KLOSTERMAN ROAD EAST
TARPON SPRINGS, FL 34689

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

15TH day of DECEMBER, 1997.



ALFRED G. BOVE, DMD Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: ALFRED G. BOVE, DMD, INC.

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

ALFRED G. BOVE, DMD

(Name)

867 KLOSTERMAN ROAD EAST

(P.O. Box not acceptable)

TARPON SPRINGS, FL 34689

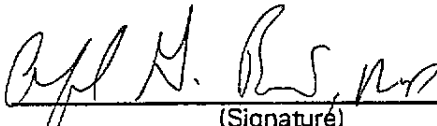
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 DEC 17 PM 1:03

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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)

ALFRED G. BOVE, DMD

12/15/97

(Date)