

TRANSMITTAL LETTER

P98000071147

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

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-08/12/98--01017--005
****131.25 ****131.25

SUBJECT: FlOROSA family Dental, P.A.
(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: Michelle R. Gonzalez D.M.D.
Name (Printed or typed)

505 Rue De MARSeilles
Address

MARY Esther FL 32569.
City, State & Zip

(850) 581-5479
Daytime Telephone number

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 AUG 12 PM 12:19

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

8-14
WS

ARTICLES OF INCORPORATION

OF

FLOROSA FAMILY DENTAL, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLOROSA FAMILY DENTAL, P.A.

ARTICLE II PRINCIPAL OFFICE

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

Suite 13
Harvest Village
7552 Navarre Parkway
Navarre, Florida 32566

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michelle R. Gonzalez, D.M.D.
505 Rue De Marseilles
Mary Esther FL 32569

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ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Michelle R. Gonzalez, D.M.D.
505 Rue De Marseilles
Mary Esther FL 32569

ARTICLE VI SPECIAL PURPOSE


The purpose of this Professional Corporation is to perform
General Dentistry

The undersigned has executed these Articles of Incorporation this
8th day of August, 1998.


Michelle R. Gonzalez D.M.D., Incorporator

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


Michelle R. Gonzalez D.M.D., Registered Agent

8-10-98
Date

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