

LAW OFFICES OF  
**J. DAVID HOLDER**  
A PROFESSIONAL ASSOCIATION

ADMINISTRATIVE & GOVERNMENTAL LAW  
TRIAL PRACTICE-PERSONAL INJURY  
& WRONGFUL DEATH  
GENERAL PRACTICE

1408 NORTH PIEDMONT WAY  
TALLAHASSEE, FLORIDA 32312

(850) 386-5569

14 SOUTH 9TH STREET  
DeFuniak Springs, Florida 32433

(850) 892-3992

REPLY TO:  
P.O. Box 489  
DeFuniak Spg. Fl. 32435

August 8 1998

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Florida Secretary of State  
Corporations Division  
P. O. Box 6327  
Tallahassee, Florida 32314

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-08/19/98--01050--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Attention: New Filings

Re: Elvira S. Chiccarelli, D.D.S., P.A.

Dear Ladies:

Enclosed please find the original Articles of Incorporation for Elvira S. Chiccarelli, D.D.S., P.A., for filing in your office.

I am enclosing my check in the amount of \$78.75 for your corporate filing fee and certificate of status. Please return the certificate of incorporation and status certificate to me at the DeFuniak Springs address shown above.

Thank you for your cooperation.

Yours very truly,

*J. David Holder*  
J. David Holder

JDH/dh  
enclosures

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98 AUG 19 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**  
98 AUG 19 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

**ELVIRA S. CHICCARELLI, D. D.S., P. A.**

The undersigned subscriber to these Articles of Incorporation, a natural person who is competent to contract, does hereby form a professional association for profit under the laws of the State of Florida.

**ARTICLE I**

**NAME AND PRINCIPAL OFFICE**

The name of this professional association is ELVIRA S. CHICCARELLI, D.D.S., P.A., and its principal office address is 1184 Circle Drive, DeFuniak Springs, Florida 32433.

**ARTICLE II**

**DURATION**

This professional association shall exist perpetually.

**ARTICLE III**

**BUSINESS PURPOSE**

The general nature of the business to be transacted by this professional association is to engage in any activity or business permitted under the laws of the United States of America and the State of Florida, including but not limited to the practice of dentistry.

**ARTICLE IV**

**CAPITAL STOCK**

This professional association is authorized to issue one thousand (100) shares of capital stock, all of which shares shall be common shares of the par value of one dollar (\$1.00) per share and each of which shall have the same rights and privileges.

ARTICLE V

**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the professional association is 1184 Circle Drive, DeFuniak Springs, Florida 32433, and the initial registered agent is Dr. Elvira S. Chiccarelli.

The designation as registered agent is hereby accepted by Dr. Elvira S. Chiccarelli.

  
DR. ELVIRA S. CHICCARELLI

ARTICLE VI

**INCORPORATOR**

The name and address of the person signing these Articles are:

Dr. Elvira S. Chiccarelli  
1184 Circle Drive  
DeFuniak Springs, Florida 32433

ARTICLE VII

**INITIAL BOARD OF DIRECTORS AND OFFICERS**

This professional association shall initially have one director and one officer. The number of officers and directors may be increased by the By-laws. The name and address of the initial President, Secretary/Treasurer and director is:

Dr. Elvira S. Chiccarelli  
1184 Circle Drive  
DeFuniak Springs, Florida 32433

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned subscriber and incorporator has  
executed these Articles of Incorporation on this 17<sup>th</sup> day of August, 1998.

Dr. Elvira S. Chiccarelli  
DR. ELVIRA S. CHICCARELLI

STATE OF FLORIDA

COUNTY OF WALTON

The foregoing instrument was acknowledged before me, the undersigned authority, by  
Dr. Elvira S. Chiccarelli, who is personally known to me to be the person described herein,  
or who produced \_\_\_\_\_ as personal identification, on this  
17<sup>th</sup> day of August, 1998.

Carrol A. Shaw

NOTARY PUBLIC

My Commission expires:

