

P99000033282

TRANSMITTAL LETTER

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

FILED
99 APR - 7 PM 3:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SUBJECT: Holly KASHEF, DMD, P.A.
(Proposed corporate name - must include suffix)

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-04/07/99--01075--007
11 *****87.50 *****87.50

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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: HOLLY KASHEF, DMD
Name (Printed or typed)

5537 Ligustrum Loop
Address

Oviedo, FL 32765
City, State & Zip

407-574-9020
Daytime Telephone number

SHARON

APR 12 1999

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

HOLLY KASHEF, P. A.

ARTICLE II PRINCIPAL OFFICE

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

83 Alafaya Woods Blvd.
Oviedo, FL 32765

ARTICLE III SHARES

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

One share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MR. OWRANG KASHEF
7836 Cherry Lake Rd.
Groveand, FL 34736

ARTICLE V INCORPORATOR

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

HOLLY KASHEF, DMD
5537 Ligustrum Loop
Oviedo, FL 32765

H. Kashef

Signature/Incorporator

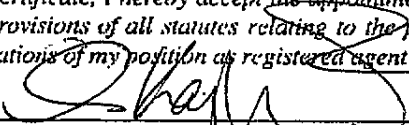
3/30/99

Date

Article VI - Purpose - To operate A Dental Office

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

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/Registered Agent

April 3, 99

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA