

P99000033282

TRANSMITTAL LETTER

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

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

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

in millions  
500002832205--0  
-04/07/99--01075--007  
\*\*\*\*\*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.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

*Holly 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]*

Signature/Registered Agent

April 3, 99

Date