

Electronic Articles of Incorporation For

**P25000030318
FILED
May 16, 2025
Sec. Of State
fjeggleston**

FLOSSEN FAMILY DENTAL, P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

FLOSSEN FAMILY DENTAL, P.A.

Article II

The principal place of business address:

643 CAPE CORAL PARKWAY E.
SUITE 101A
CAPE CORAL, FL. US 33904

The mailing address of the corporation is:

13747 MAGNOLIA LAKE CT.
FORT MYERS, FL. US 33907

Article III

The purpose for which this corporation is organized is:

THE PRACTICE OF DENTISTRY.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

KEITH A BYMAN
13747 MAGNOLIA LAKE CT.
FORT MYERS, FL. 33907

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KEITH A BYMAN

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Article VI

The name and address of the incorporator is:

DR. BRYCE T BYMAN, DDS
13747 MAGNOLIA LAKE CT.

FORT MYERS, FL 33907

Electronic Signature of Incorporator: BRYCE T BYMAN

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES
BRYCE T BYMAN DDS
13747 MAGNOLIA LAKE CT
FORT MYERS, FL. 33907 US

Title: TREA
KEITH A BYMAN
13747 MAGNOLIA LAKE CT
FORT MYERS, FL. 33907 US