5



# Florida Department of State

### Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000211124 3)))



H150002111243ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

**Ent	ter the email address for this business entity to be used for	. <u>A</u> rfuttú
-:	annual report mailings. Enter only one email address please	**
سب سا السرائا سمالی	Email Address:	- S.S.S.
سمة المراجعة المراجعة		14,0 144,-
		-

## FLORIDA PROFIT/NON PROFIT CORPORATION PARADISE DENTAL CARE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

# ARTICLES OF INCORPORATION H 1 5 0 0 0 2 1 1 1 2 4, In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME.	The name of	the com	aration is:
AKILLEI	MATATO	THE Hame of	me on b	OLAMOR IZ:

PARADISE DENTAL CARE INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  140 w 64 <sup>th</sup> TER
HIALEAH, FL 33012
ARTICLE III SHARES: The number of shares of stock is: \ \ O \ O \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Ricardo Romero (P) Nario Rodriguez (V-P)
19aao Cooraguez (V-P)
IAL.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
<u> </u>
140 W 64th Ter 37 012
Higleah / FL 33012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Ricardo Bomero
140 W G4th Ter
tiglegh, FL 33012

#### Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

9-1-15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Incorporator

9-1-15

Date

15 SEP - 1 AM 8: 18