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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 120190000092
Phone : (754) 202-8663
Fax Number : (786) 636-3620

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLLBusiness@outlook.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MARIA ALEJANDRA ZAMBRANO DDS P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
DIVISION OF CORPORATIONS
20 JUL -7 AM 8:43

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COVER LETTER

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

SUBJECT: MARIA ALEJANDRA ZAMBRANO DDS P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: FLL BUSINESS SOLUTION CORP
Name (Printed or typed)

8360 W STATE RD 84
Address

DAVIE, FL. 33324
City, State & Zip

754-202-8663
Daytime Telephone number

FLLBusiness@outlook.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MARIA ALEJANDRA ZAMBRANO DDS P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3241 NW 125TH AVE, SUNRISE, FL. 33323. Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DOCTOR OF DENTAL SURGERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA ALEJANDRA ZAMBRANO, PRESIDENT. Address: 3241 NW 125TH AVE, SUNRISE, FL. 33323.

Name and Title: Address: (Empty fields for second officer/director)

Name and Title: Address: (Empty fields for third officer/director)

20 JUL - 7 AM 8:43. DIVISION OF CORPORATE & FINANCIAL SERVICES

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FLL BUSINESS SOLUTION CORP

Address: 8360 W STATE RD 84

DAVIE, FL. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA ALEJANDRA ZAMBRANO

Address: 3241 NW 125TH AVE

SUNRISE, FL. 33323

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/07/2020. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

<u><i>Xianny Chinchilla</i></u>	<u>07/07/2020</u>
Required Signature: Registered Agent	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.

<u><i>Maria Alejandra Zambrano</i></u>	<u>07/07/2020</u>
Required Signature/Incorporator	Date

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