

**PA21000044107**

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2372  
Fax Number : (917) 243-5843

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NATHAN ESTRIN DDS PA**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

21 MAY 13 AM 8:07

2021 MAY 13 PM 1:47

**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: Nathan Estrin DDS PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2030 South Ocean Drive #511  
Hallandale Beach, FL 33009

Mailing address, if different is:  
2030 South Ocean Drive #511  
Hallandale Beach, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dentist.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nathan Estrin/President Name and Title: \_\_\_\_\_

Address 2030 South Ocean Drive #511 Address: \_\_\_\_\_  
Hallandale Beach, FL 33009

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: Nathan Estrin  
 Address: 2030 South Ocean Drive #511  
Hallandale Beach, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nathan Estrin  
 Address: 2030 South Ocean Drive #511  
Hallandale Beach, FL 33009

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

*Nathan Estrin*  
 Required Signature/Registered Agent

5/12/21  
 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.*

X *Nathan Estrin*  
 Required Signature/Incorporator

X 5/12/21  
 Date