

**NO700000 7650**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

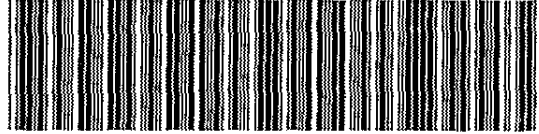
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. WHITE AUG - 3 2007

## COVER LETTER

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

**SUBJECT:** Dental Adventure

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Zuleidy Arencibia  
Name (Printed or typed)

4214 SW Santa Barbara Place  
Address

Cape Coral, FL 33914  
City, State & Zip

(305)910-5503  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
Dental Adventure Inc.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
4214 SW Santa Barbara Place  
Cape Coral, FL 33914

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dental Adventure is intended to provide children with a healthier perception of their dental experience.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Voting

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

List name(s), address(es) and specific title(s):

Zuleidy Arencibia  
President

Rony Arencibia  
Vice-President

Rosaura Palermo  
Secretary & Treasurer

4214 SW Santa Barbara Place  
Cape Coral, FL 33914

4214 SW Santa Barbara Place  
Cape Coral, FL 33914

4214 SW Santa Barbara Place  
Cape Coral, FL 33914

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Rosaura Palermo  
4214 SW Santa Barbara Place  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Zuleidy Arencibia  
4214 SW Santa Barbara Place  
Cape Coral, FL 33901

\*\*\*\*\*  
*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.*

Signature/Registered Agent

Date

7/28/07

Signature/Incorporator

Date

7/28/07