

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

FLORIDA PROFIT CORPORATION OR P.A.

RAUL V. RANGEL, D.M.D., P.A.

Certificate of Status	0
Certified Copy	A
Page Count	(03)
Estimated Charge	\$78.75

Jun-12-00 13:33 (H00000031493 0)

ARTICLES OF INCORPORATION FOR RAUL V. RANGEL, D.M.D., P.A.

In compliance with Chapter 621, F.S., Professional Association

ARTICLE I NAME & PURPOSE

The name & purpose of the corporation shall be:

RAUL V. RANGEL, D.M.D., P.A.
The purpose for which the corporation is organized is: Dentistry

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PRINCIPAL OFFICE 909 N.E. 9th AVE. STE: 201 DEL RAY BEACH, FL 33483 MAILING ADDRESS 1860 N.W. 108 AVE. PLANTATION, FL 33322

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 500

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

RAUL V. RANGEL 1860 N.W. 108 AVE. PLANTATION, FL 33322

ARTICLE V INCORPORATOR

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation are:

RAUL V. RANGEL 1860 N.W. 108 AVE. PLANTATION, FL 33322

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Signature of Incorporator

6-12-00 Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

(PRESIDENT)
RAUL V. RANGEI.
1860 N.W. 108 AVE.
PLANTATION, FL. 33322

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, I hereby accept the appointment as registered agent an agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stenature of Registered Agent

6-(2-00 Date