

P00000079468

TRANSMITTAL LETTER

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

00 AUG 17 AM 8:57

FILED

SUBJECT:

Al Villalobos

(Proposed corporate name - must include suffix)

300003360623--4

-08/17/00--01049--009

*****70.00 *****70.00

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Al Villalobos

Name (Printed or typed)

5505 North Military trail

Address

Boca Raton FL 33496 Apt 303

City, State & Zip

561 999 9634

Daytime Telephone number

Al Villalobos GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Boise*
DATE *8/5*
DOC. EXAM. *Sna*

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

No copy

Feb 8/23

ARTICLES OF INCORPORATION

FILED

00 AUG 17 AM 8:57

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

CLERK OF SUPERIOR COURT
MILLER, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AI Villalobos DMD P.A.

ARTICLE II PRINCIPAL OFFICE

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

5505 N Military Trail
Boca Raton Florida 33496 Apt 303

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares Common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AI Villalobos 5505 N Military Trail
Boca Raton FL 33496 Apt 303

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

AI Villalobos 5505 N Military Trail
Boca Raton FL 33496.



Signature/Incorporator

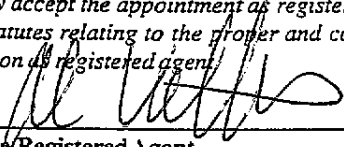
8-15-00

Date

ARTICLE VI PURPOSE

To practice dentistry.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and 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.



Signature/Registered Agent

8-15-00

Date