

PO1000023600
TRANSMITTAL LETTER

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

FILED
01 FEB -2 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: NATALIA ALVARADO, DMD, PA
(Proposed corporate name - must include suffix)

100003795351--9
-03/02/01--01024--017
****122.50 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input checked="" type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
Additional Copy Required			

FROM: NATALIA ALVARADO, DMD
Name (printed or typed)
101 BRINY AVE. APT. # 2801
Address
POMPANO BEACH, FLORIDA 33062
City, State & Zip
(954) 942-2642
Daytime Telephone number

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

3-7-01
WC

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NATALIA ALVARADO, DMD, PA

ARTICLE II PRINCIPAL OFFICE

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

101 BRINY AVE. APT. # 2801
POMPANO BEACH, FLORIDA 33062

ARTICLE III SHARES

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

100.00 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NATALIA ALVARADO, DMD
101 BRINY AVE. APT. # 2801
POMPANO BEACH, FLORIDA 33062

FILING FEE: \$70.00

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

NATALIA ALVARADO, DMD
101 BRINY AVE. APT. # 2801
POMPANO BEACH, FL 33062


ARTICLE VI PURPOSE

THE PURPOSE OF THE CORPORATION SHALL BE:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THIS STATE AND OF THE PROFESSIONAL SERVICE CORPORATION ACT OF THIS STATE, RELATED TO THE PRACTICE OF DENTISTRY.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 day of 2, 19 2001



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NATALIA ALVARADO, DMD, PA

2. The name and address of the registered agent and office is:

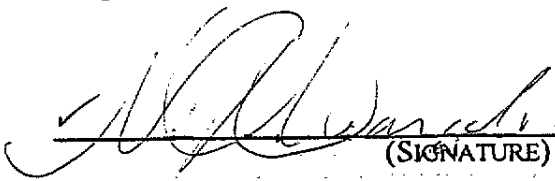
NATALIA ALVARADO, DMD
(NAME)

101 BRINY AVE. APT. # 2801
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

POMPANO BEACH, FLORIDA 33062
(CITY/STATE/ZIP)

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TALLAHASSEE, FL 32314

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)

2-15-01
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314