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

Tallahassee, FL 3231	4		-	
SUBJECT:	ELeonora (PROPOSED CORPORAT	Trilnik, E	DDS & /	4550c. Inc.
		ا معربين بر الله الله الله الله الله الله الله الل	300004C -04/30/ *****7	1918783 01-01102-011 8.75 *****78.75
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for:	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	of
FROM: ELeonora Trilnik Name (Printed or typed)				
	-	daress		FILED IN APR 30 PH 2: 25
	Plantatio City,		324	25
		684-0420 elephone number	 	

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



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAMEELEONORA TRIINIK, DDS & ASSOC. INC. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9210 NW 9th PL. PLATATION, PL 33324 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: Consultant in Marketing ARTICLE IV SHARES The number of shares of stock is: Five Hundred Shares with \$1.00 par Value ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): DR. ELeonora Trilnia 9210 NW 9th PL Plantation, FL 33328 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: DR. ELEONOra Trilnik 9210 NW 9th PC: Plantation, FL 33324 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DR. ELeonora Trilnik 9210 NW 99 PL. 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