

PO2000117800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

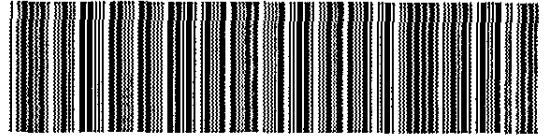
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100008632161

10/31/02--01087--021 **87.50

FILED
02 OCT 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nc 11/

TRANSMITTAL LETTER

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

SUBJECT:

Creative Smile Dentistry, PA
(Proposed Corporation name - must include suffix)

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

<u> </u> \$70.00	<u> </u> \$78.75
Filing Fee	Filing Fee & Certificate of Status

\$78.75 ☒ ~~\$87.50~~
Filing Fee & Certified Copy Filing Fee,
Certified Copy
& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

Raul C. Gonzalez, D.M.D.
Name (Printed or typed)

8500 West Flagler St.
Address

Miami, Florida 33144
City, State & Zip

(305)-551-4344
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

Creative Smile Dentistry, PA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Creative Smile Dentistry, PA

The address of the principal office of this corporation shall be:

1760 Coral Way

Miami, Florida 33145

and the mailing address shall be the same.

FILED
02 OCT 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, including but not limited to the practice of dentistry and to engage in every phase and aspect of the business of rendering the same professional services to the public that a dentist duly licensed under the laws of the State of Florida is authorized to render, but such professional services shall be rendered only through officers, employees and agents who are duly licensed under the laws of the State of Florida to practice dentistry therein.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock have \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 1760 Coral Way Miami, Florida 33145, and the name of the initial registered agent of the corporation at that address is Raul C. Gonzalez, D.M.D. Said agent shall indicate acceptance of said designation by executing these Articles of Incorporation where indicated.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and street addresses of the initial member of the Board of Director is:

Raul C. Gonzalez, D.M.D.

1760 Coral Way

Miami, Florida 33145

ARTICLE VII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Raul C. Gonzalez, D.M.D., President

1760 Coral Way
Miami, Florida 33145

Raul C. Gonzalez, D.M.D., Vice President

1760 Coral Way
Miami, Florida 33145

Raul C. Gonzalez, D.M.D., Secretary

1760 Coral Way
Miami, Florida 33145

ARTICLE VIII. INCORPORATOR

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

Raul C. Gonzalez, D.M.D.
8500 West Flagler St.
Miami, FL 33144

THE UNDERSIGNED subscriber has executed these Articles of Incorporation this ___ day of October, 2002

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this ___ day of October, 2002, Raul C. Gonzalez, D.M.D., who is personally known to me or who has produced his Florida driver's license Florida driver's license as identification.

Notary Public, State of Florida, at Large

My Commission expires:



Dianelys Chile
Commission # DD 000553
Expires Feb. 11, 2005
Bonded Through
Atlantic Bonding Co., Inc.

Dianelys Chile

REGISTERED AGENT ACCEPTANCE AND RECOGNITION OF APPOINTMENT

Raul C. Gonzalez, D.M.D.

FILED
02 OCT 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA