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TRANSMITTAL LETTER

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

SUBJECT: NUBIA E. GALEANO, D.M.D. P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: NUBIA E. GALEANO
Name (Printed or typed)

3024 CALLE VALENCIA
Address

WEST PALM BEACH, FL. 33409
City, State & Zip

561 684-4662
Daytime Telephone 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)

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ARTICLE I NAME

The name of the corporation shall be:

NUBIA E. GALEANO, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10399 SOUTHERN BLVD.
ROYAL PALM BEACH, FL. 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE DENTAL CARE PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

NUBIA E. GALEANO, D.M.D. DIRECTOR & PRESIDENT
3024 CALLE VALENCIA
WEST PALM BEACH, FL. 33409

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

CARLOS BARRIENTOS
3024 CALLE VALENCIA
WEST PALM BEACH, FL. 33409

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

NUBIA E. GALEANO, D.M.D.
3024 CALLE VALENCIA
WEST PALM BEACH, FL 33409

****

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

Signature/Registered Agent — Date: 1/13/03

Signature/Incorporator — Date: 1/13/03