

NOV 14 2003 07:14 PM ARES TEL 229-8252 P.01
Division of Corporations Page 1 of 1
PO3000133637

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000317960 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 NOV 17 AM 8:23
FILED

To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

FLORIDA PROFIT CORPORATION OR P.A.

ARMANDO ORTEGA-MORENO, D.D.S, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

11-18-03
[Signature]

FILED
03 NOV 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Armando Ortega-Moreno, D.D.S., P.A.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Armando Ortega-Moreno, D.D.S., P.A.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

Transact any and all lawful business.
(1) Said corporation shall further have powers:
To practice dentistry

Armando Ortega-Moreno, D.D.S., P.A.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

Armando Ortega
240 NW 114 Ave Unit 101
Miami, FL 33172-4751

The principal office and mailing address shall be:

240 NW 114 Ave Unit 101
Miami, FL 33172-4751

ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by ONE (1) persons, whose name and address is:

Armando Ortega
240 NW 114 Ave Unit 101
Miami, FL 33172-4751

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

Armando Ortega
240 NW 114 Ave Unit 101
Miami, FL 33172-4751

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 14TH day of November , 2003.


Armando Ortega
PRESIDENT

FILED

03 NOV 17 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

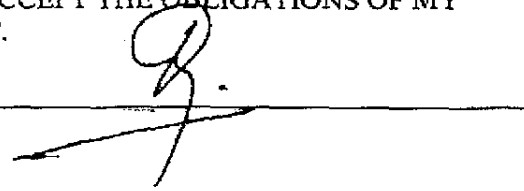
Armando Ortega-Moreno, D.D.S., P.A.

2. The name and address of the Registered Agent and office is:

Armando Ortega
240 NW 114 Ave Unit 101
Miami, FL 33172-4751

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: _____



DATE: _____

11-14-03