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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

CSM DENTAL CENTER, CORP.

Certificate of Status	0
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CERTIFICATE OF INCORPORATION
OF
CSM DENTAL CENTER, CORP.

I (we) the undersigned, do to hereby associate ourselves
together and subscribe this Certificate of Incorporation for the
purpose of forming a corporation under the laws of the State of
Florida, and subject to the following provisions:

*****ARTICLE ONE*****

The name of the of the corporation shall be:
CSM DENTAL CENTER, CORP.

*****ARTICLE TWO*****

The corporation may engage in any activity or business
permitted under the laws of the United States of America and of
the State of Florida.

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*****ARTICLE THREE*****

The maximum number of shares of stock, which the corporation shall have outstanding at any time, shall be One Thousand (1000) Shares of Stock, which shall be common stock of a par value per share. All or any part of the capital stock may be paid either in lawful monies of the United States of America, or in services, at true value thereof.

*****ARTICLE FOUR*****

This corporation shall begin business with a minimum capital of the amount of One Thousand (\$1000.00) Dollars.

*****ARTICLE FIVE*****

This corporation shall have perpetual existence.

*****ARTICLE SIX*****

The principal office of the corporation shall be located at:

5171 SW 8TH STREET
MIAMI, FL. 33134

Other office for the transaction of business may be located
wherever the Directors may deem necessary or expedient.

*****ARTICLE SEVEN*****

The business of the corporation shall be managed by a Board of
Directors, who need not be stockholders of the corporation. The
number of Directors, not less than one, shall be fixed by
resolution of the stockholders at any regular or special meeting,
subject to the manner of holding such meetings prescribed by
the by-laws.

*****ARTICLE EIGHT*****

The name and post office addresses of the members of the first
Board of Directors and the officers who shall hold office for the
first year of existence of the corporation or until their successors
are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS:

PRESIDENT: 

Name: ALBERTO SILVA

Address: 5171 SW 8TH STREET

MIAMI, FLORIDA 33134

VICE-PRESIDENT: 

Name: ALBERTO SILVA

Address: 5171 SW 8TH STREET

MIAMI, FL. 33134

*****ARTICLE NINE*****

The name and post office addresses of each of the subscribers to this certificate of Incorporation and the number of shares of stock, which each subscriber agrees to take, are as follows:

SUBSCRIBER: 

Name: ALBERTO SILVA

Address: 5171 SW 8TH STREET

MIAMI, FL. 33134

Shares: 1000

*****ARTICLE TEN*****

This corporation shall have full power to carry on and transact each of all of the businesses enumerated in Article Two of the Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

*****ARTICLE ELEVEN*****

This corporation shall have the power to issued the whole or any part determined by the Board of Directors, of the shares of the capital stock as partly paid, subject to calls thereon until the whole thereof shall have been paid.

*****ARTICLE TWELVE*****

Upon election of a Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by law or in this certificate otherwise

provided; any action of such Board of Directors may be rescinded, or any officer or director removed from office, only upon a vote of stockholders holding a majority of the stock of the corporation which may at such time be actually issued unless otherwise provided by the by-laws of the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law whether said stock be fully or partially paid unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

*****ARTICLE THIRTEEN*****

The corporation does hereby designate the following address as its registered office: 5171 SW 8TH STREET

MIAMI, FL. 33134

The corporation does hereby designate as its registered agent:

SOL A. MESA

*****ARTICLE FOURTEEN*****

THE NAME AND ADDRESS OF THE INCORPORATOR OF THIS CORPORATION IS:

SOL A. MESA
5171 SW 8TH STREET
MIAMI, FL 33134

STATE OF FLORIDA)

SS.

COUNTY OF DADE)

BEFORE ME, the undersigned authority, duly authorized to
administer oaths and take acknowledgments, personally
appeared:

ALBERTO SILVA

Who, after being by me first duly sworn, executed the foregoing
Certificate of Incorporation, freely and voluntarily for the
purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and
official seal at Miami, said county and State,)

Notary Public, State of Florida at

My Commission expired:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHO
PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the
following is submitted, in

Compliance with said act: **SOL A. MESA**
5171 SW 8TH STREET
MIAMI, FL. 33134

Desiring to organize under the Laws of State of Florida with its
principal office, as indicated in the Articles of Incorporation At:
State of Florida as its agent to accept services of process this
state. NAME AS: **CSM DENTAL CENTER, CORP.** LOCATED AT:
5171 SW 8TH STREET, MIAMI, FL. 33134. STATE OF FLORIDA
AS ITS AGENT TO ACCEPT SERVICES OF PROCESS THIS STATE.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED
AGENT) Having been named to accept service of process for the
above stated corporation, at place designated in this certificate I
hereby accept to act in this capacity and agree to comply with
the provision of said Act relative to keeping open said office.



Registered Agent

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