

PO60000045450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

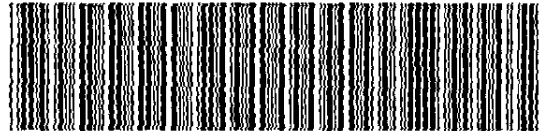
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W040-13338



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FILED
2006 MAR 29 PM 4:57
CLERK OF STATE
TALLAHASSEE FLORIDA

3/29/06

COVER LETTER

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2006 MAR 29 PM 4:57

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: DIEGO DENTURE SERVICES INC.
(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: DIEGO R. CONDE
Name (Printed or typed)
3502 FALLING ACORN CIR
Address
LAKE MARY, FL 32746
City, State & Zip
(321) 297-3332 / (321) 331-5787
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2006 MAR 29 PM 4:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

March 20, 2006

DIEGO R. CONDE
3502 FALLING ACORN CIR
LAKE MARY, FL 32746

SUBJECT: DIEGO DENTURE SERVICES INC.
Ref. Number: W06000013338

We have received your document for DIEGO DENTURE SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 106A00018878

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26 MAR 29 PM 2:20

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DIEGO DENTURE SERVICES INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3502 FALLING ACORN CIR, LAKE MARY, FL 32746

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL SERVICES AS AN EXAMPLE ONLY, AND ANY AND ALL
LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DIEGO R. CONDE, 3502 FALLING ACORN CIR LAKE MARY, FL 32746
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Noel I. Lopez, 11417 Caraboke Circle, Orlando FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DIEGO R. CONDE, 3502 FALLING ACORN CIR, LAKE MARY FL 32746

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

Noel I. Lopez

Signature/Registered Agent

[Signature]

Signature/Incorporator

3/26/06

Date

03/14/06

Date