P06000133677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

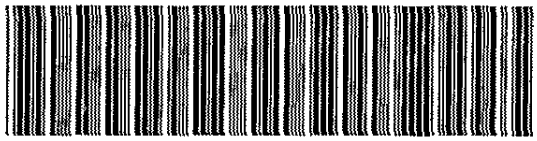
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
06 OCT 20 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
10/23

COVER LETTER

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

SUBJECT: Great Smiles for Florida, 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: Great Smiles for Florida, P.A.
Name (Printed or typed)

7726 SE Mammoth Dr.
Address

Hobe Sound, Florida 33455
City, State & Zip

772-781-8242
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Great Smiles for Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7726 SE Mammoth Dr.
Hobe Sound, Fl 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Development of dental practices

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gaston Berenguer, DMD, MS
7726 SE Mammoth Dr.
Hobe Sound, Fl 33455
Owner (50%)

Andrew Forrest, DMD, MS
7726 SE Mammoth Dr.
Hobe Sound, Fl 33455
Owner (50%)

ARTICLE VI REGISTERED AGENT

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

Gaston Berenguer, DMD, MS
7726 SE Mammoth Dr.
Hobe Sound, Fl 33455

ARTICLE VII INCORPORATOR

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

Gaston Berenguer, DMD, MS
7726 SE Mammoth Dr.
Hobe Sound, Fl 33455

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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 — 10-13-06 Date

Signature/Incorporator — 10-13-06 Date