P06000154891

(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:

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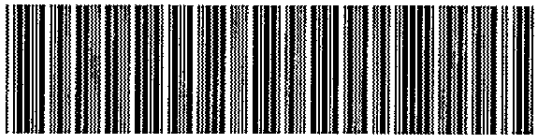

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dcc 12/19

COVER LETTER

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

SUBJECT: FLORIDA CENTER FOR ESTHETIC DENTISTRY, PA
(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

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2005 DEC 19 P 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: KATIA FRIEDMAN
Name (Printed or typed)

19390 COLLINS AVE, SUITE 1426
Address

SUNNY ISLES, FLORIDA 33160
City, State & Zip

305-935-3922
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)

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA CENTER FOR ESTHETIC DENTISTRY, PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PLACE OF BUSINESS: 9825 W. SAMPLE RD. SUITE 101 CORAL SPRINGS, FLORIDA 33065

MAILING ADDRESS: 19390 COLLINS AVENUE SUITE 1426 SUNNY ISLES FLORIDA, 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL SERVICES THROUGH THE PRACTICE OF DENTISTRY, RENDERED TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF STOCK HAVE $1 PER VALUE PER SHARE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OFFICERS: ① KATIA FRIEDMAN, DDS, PRESIDENT 9825 W. SAMPLE RD, SUITE 101 CORAL SPRINGS, FLORIDA 33065

② KATIA FRIEDMAN, DDS, VICE-PRESIDENT 9825 W. SAMPLE RD, SUITE 101 CORAL SPRINGS, FL 33065

③ KATIA FRIEDMAN, DDS, SECRETARY 9825 W. SAMPLE RD, SUITE 101 CORAL SPRINGS, FL 33065

DIRECTORS: KATIA FRIEDMAN, DDS 9825 W. SAMPLE RD SUITE 101 CORAL SPRINGS, FL 33065

ARTICLE VI REGISTERED AGENT

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

KATIA FRIEDMAN, DDS 9825 W. SAMPLE RD, SUITE 101 CORAL SPRINGS FL, 33065

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

KATIA FRIEDMAN, DDS
9825 W. SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FLORIDA 33065

****

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

Katia Friedman — Signature/Registered Agent — 12/12/06 Date

Katia Friedman — Signature/Incorporator — 12/12/06 Date