

Division of Corporations

P07000021865

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.

(((H07000043208 3)))



H070000432083ABCY

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

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : BERRIZ &amp; GIRALDO P.A.

Account Number : 119990000017

Phone : (305) 485-9300

Fax Number : (305) 485-1098

FILED  
07 FEB 16 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION

AURA M. PICON, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MIRDO2/19

*NO7 0000 432083*

ARTICLES OF CORPORATION  
OF

**AURA M. PICON, P.A.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, 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:

**AURA M. PICON, 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 purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate  
name: **THE SPECIFIC NATURE OF BUSINESS IS: DENTISTRY SERVICES**

**AURA M. PICON, P.A.**

CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

*NO7 0000 432083*

**FILED**  
07 FEB 16 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*107 0000 432083*

#### 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 \$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 street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**AURA M. PICON**  
**13207 SW 143 TERR**  
**MIAMI, FL. 33186**

The principal office shall be:

**13207 SW 143 TERR**  
**MIAMI, FL. 33186**

*107 0000 432083*

11070000432083.

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO(02)** person, and the name and address of the person who is to serve as an initial director is:

**AURA M. PICON**  
**13207 SW 143 TERR**  
**MIAMI, FL. 33186**

**PRESIDENT**

**GERARDO TELLO**  
**13207 SW 143 TERR**  
**MIAMI, FL. 33186**

**VICEPRESIDENT**

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

**AURA M. PICON**  
**13207 SW 143 TERR**  
**MIAMI, FL. 33186**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 16 FEBRUARY 2007.

  
\_\_\_\_\_  
**AURA M. PICON**

11070000432083.

*H07 0000 432083*

**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 laws 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:

**AURA M. PICON, P.A.**

2. The Name and Address of the registered agent and office is

**AURA M. PICON  
13207 SW 143 TERR  
MIAMI, FL 33186**

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

*[Signature]*  
Dated: FEBRUARY 16, 2007.

*H07 0000 432083*

FILED  
07 FEB 16 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA