

P08000039455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

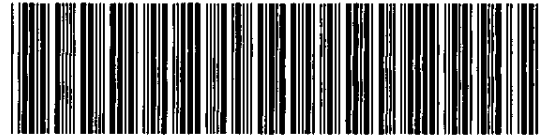
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EXCLUSIVE PROVIDER NETWORK 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: Clemencia Acosta
Name (Printed or typed)

1402 Brickell Bay Dr, Apt 401
Address

Miami, FL 33131
City, State & Zip

305-379-5717 OR 305-215-1067
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:

EXCLUSIVE PROVIDER NETWORK SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1402 BRICKELL BAY DR, Apt 401
MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LEASE PROVIDER DENTAL NETWORKS, VISION
any/or all ANXELLARY NETWORKS

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):

CLEMENCIA ACOSTA - PD

ARTICLE VI REGISTERED AGENT

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

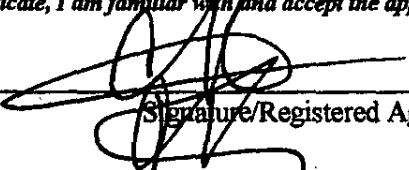
CLEMENCIA ACOSTA
1402 BRICKELL BAY DR, Apt 401
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLEMENCIA ACOSTA
1402 BRICKELL BAY DR, Apt 401
MIAMI, FL 33131

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

Signature/Incorporator

4/15/08

Date

4/15/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA