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COVER LETTER

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

SUBJECT:	Alina Perez, D.D.S., P.A					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY KEQUIKED	l		
EDOM	All	na Perez				
FROM:		e (Printed or typed)				
		SW 92nd ST	· · · · · · · · · · · · · · · · · · ·			
		Address	TALL TALL	2009		
	Miami, Florida 33196 City, State & Zip			2009 AUG	77	
		-546-9170	HASSEE, FLORI	-7 /		
		elephone number	FLOR	AM 11: 53		
		3@YAHOO.COM d for future annual report n		53		

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:

ALINA PEREZ, D.D.S P.A

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 15421 SW 92nd STREET MIAMI,FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PERFORM AND PROVIDE DENTISTRY SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED (100) SHARES OF COMMON STOCK, HAVING A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE. THE CONSIDERATION TO BE PAID FOR EACH SHARE SHALL BE FIXED BY THE BOARD OF DIRECTORS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALINA PEREZ PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: ALINA PEREZ

15421 SW 92nd ST MIAMI,FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALINA PEREZ 15421 SW 92nd ST MIAMI,FL 33196

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

Signature/Registered Agent

Signature/Incorporator

Date

Date