

P10000085683

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SAMIRA ALEMPOUR P.A.

Certificate of Status	0
Certified Copy	1
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H10000229021**FILED****ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

10 OCT 19 PM 1:24**ARTICLE I NAME**The name of the corporation shall be: **SAMIRA ALEMPOUR P.A.****SECRETARY OF STATE
TALLAHASSEE FLORIDA****ARTICLE II PRINCIPAL OFFICE**

Principal street address

**4365 MAHOGANY RIDGE DRIVE
WESTON, FL 33331**

Mailing address, if different is:

**4365 MAHOGANY RIDGE DRIVE
WESTON, FL 33331****ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
DENTISTRY**ARTICLE IV SHARES**

The number of shares of stock is:100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: **SAMIRA ALEMPOUR, PRESIDENT** Name and Title:Address: **4365 MAHOGANY RIDGE DRIVE** Address:
WESTON, FL 33331

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: **SAMIRA ALEMPOUR**Address: **4365 MAHOGANY RIDGE DRIVE
WESTON, FL 33331****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **SAMIRA ALEMPOUR**Address: **4365 MAHOGANY RIDGE DRIVE
WESTON, FL 33331***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*

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

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