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Special Instructions to Filing Officer:

*Dr. Alvaro Garguin* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV*  
DATE *3/4/11*  
DOC. EXAM *MRS*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 MAR - 1 PM 2:17

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*MRS*  
*3/4*

## COVER LETTER

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

SUBJECT: NATION DENTAL PLAN, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: DR. ALVARO JARQUIN, D.D.S.

Name (Printed or typed)

8410 W. FLAGLER ST. SUITE # 110-B

Address

MIAMI, FL 33144

City, State & Zip

(305) 323-7721

Daytime Telephone number

DRJARQUIN@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

**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** NATION DENTAL PLAN, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
8410 W. FLAGLER ST. SUITE # 110-B  
MIAMI, FL 33144

Mailing address, if different is:

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TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**GENERAL INVESTMENTS, DENTAL PLAN, BUY AND SELL ALL KINDS OF ARTICLES,  
MARKETING**

**ARTICLE IV SHARES** 100  
The number of shares of stock is: DR. ALVARO JARQUIN, D.D.S. (51 SHARE), HASSELL FLORES (49 SHARE)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>DR. ALVARO JARQUIN, D.D.S. PRESIDENT</u>	Name and Title: _____
Address: <u>8410 W. FLAGLER ST. SUITE # 110-B</u>	Address: _____
<u>MIAMI, FL</u>	_____
<u>33184</u>	_____

Name and Title: <u>HASSELL FLORES, VICEPRESIDENT</u>	Name and Title: _____
Address: <u>311 S. JONES AVE.</u>	Address: _____
<u>ROCKHILL, SC</u>	_____
<u>29730-5834</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: DR. ALVARO JARQUIN, D.D.S.  
Address: 8410 W. FLAGLER ST. SUITE # 110-B  
MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DR. ALVARO JARQUIN, D.D.S.  
Address: 8410 W. FLAGLER ST. SUITE # 110-B  
MIAMI, FL 33144

*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

2-23-11  
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

2-23-11  
Date