

P11 000021768

(Requestor's Name)

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(City/State/Zip/Phone #)

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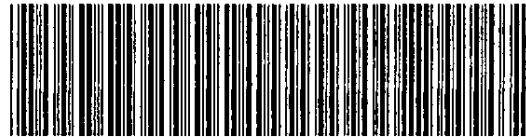
(Business Entity Name)

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W1-4378

FILED
2011 MAR -1 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 7 2011

COVER LETTER

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

SUBJECT: **ECONO 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

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

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.



RECEIVED
11 MAR -1 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2011

ALVARO JARYUN DDS
8410 W FLAGLER ST STE #110-B
MIAMI, FL 33144

SUBJECT: ECONO DENTAL PLAN INC
Ref. Number: W11000009378

We have received your document for ECONO DENTAL PLAN INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please complete Article(s) I THUR VII.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 411A00004024

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: **ECONO DENTAL PLAN, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8410 W. FLAGLER ST. SUITE # 110-B
MIAMI, FL 33144

Mailing address, if different is:

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

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **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

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2011 MAR -1 PM 4:41
FALL AVE. ST. STATE
TALLAHASSEE, FLORIDA