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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MARIANELA CARDENAS DDS MS P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SC 6/B

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

ARTICLE I NAME MARIANELA CARDENAS DDS MS P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3177 NW 103RD PATH
MIAMI FL 33172
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
DENTIST PROFESSIONAL SERVICES

ARTICLE IV SHARES
The number of shares of stock is 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>MARIANELA CARDENAS/PRESIDENT</u>	Name and Title: _____
Address: <u>3177 NW 103RD PATH</u>	Address: _____
<u>MIAMI FL 33172</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: PROFESSIONAL BUSINESS ADVISORS II, INC.
Address: 9485 SUNSET DRIVE SUITE A-200
MIAMI FL 33173

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: MARIANELA CARDENAS
Address: 3177 NW 103RD PATH
MIAMI FL 33172

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



ZORAIDA ORTA
Required Signature/Registered Agent

6-8-2011

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

06/09/11

Date

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