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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

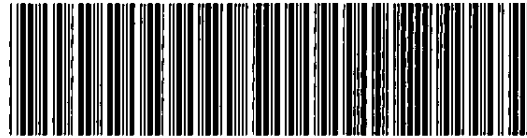
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

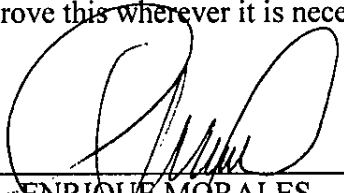
COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared, Enrique Morales, presently residing at 3009 East 4 Avenue, Hialeah, FL 33013 who duly swears, deposes and affirms:

“I, Enrique Morales, am the President of Enrique Morales, DDS, PA, FEI #65-0724263 (Document # P97000007289).

I hereby state that the aforesaid corporation was dissolved on September 23, 2011, and I do not have intentions of reinstating it.


I sign this Affidavit in the presence of a Notary Public on this 3rd day of October, 2011, in order to prove this wherever it is necessary.”



ENRIQUE MORALES
President

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Sworn to and subscribed before me, by Enrique Morales, who produced Florida Drivers License #M642-200-56-389-0 as identification, on this 3rd day of October, 2011, at the State and County above mentioned.


NOTARY PUBLIC



COVER LETTER

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

SUBJECT: ENRIQUE MORALES, DDS, PA
(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: ENRIQUE MORALES, DDS, PA
Name (Printed or typed)
3009 EAST 4 AVENUE
Address
HIALEAH, FL 33013
City, State & Zip
305-691-1616
Daytime Telephone number
enriquemoralesdds@gmail.com
E-mail address: (to be used for future annual report notification)

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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: **ENRIQUE MORALES, DDS, PA**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3009 EAST 4 AVENUE
HIALEAH, FL 33013

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN THE PRACTICE OF DENTISTRY.

ARTICLE IV SHARES

The number of shares of stock is: **7,500 COMMON SHARES @ \$1.00 EACH**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ENRIQUE MORALES, PSTD Name and Title: _____
Address: 3009 EAST 4 AVENUE Address: _____
HIALEAH, FL 33013 _____

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: ENRIQUE MORALES
Address: 3009 EAST 4 AVENUE
HIALEAH, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ENRIQUE MORALES
Address: 3009 EAST 4 AVENUE
HIALEAH, FL 33013

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 10/3/2011
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 10/3/2011
Date

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