

P12000007405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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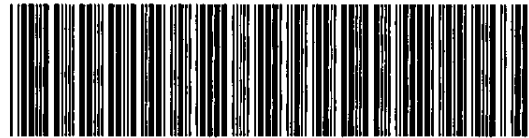
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 PM 1:47

PS 1/23/12

## COVER LETTER

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

SUBJECT: ST. JOHN DENTAL CENTER, P.A.  
(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. Celia Figueroa  
Name (Printed or typed)  
400 west 65 st  
Address  
Hialeah FL 33012  
City, State & Zip  
(305) 827-0434  
Daytime Telephone number  
CFDentalcenter@gmail.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: ST. JOHN DENTAL CENTER, P.A.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
141 NW 29 ST  
MIAMI, FL 33127

Mailing address "different is:  
CELIA FIGUEROA,  
400 W. 65 ST.  
HALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DENTAL OFFICE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CELIA FIGUEROA DDS  
Address: 400 W. 65 ST.  
HALEAH, FL 33012

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: CELIA FIGUEROA  
Address: 400 W. 65 ST  
HALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CELIA FIGUEROA  
Address: 400 W 65 ST  
HALEAH FL 33012

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

C. Figueroa, DDS PA  
Required Signature/Registered Agent

4/11/12  
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.

C. Figueroa, DDS PA  
Required Signature/Incorporator

4/11/12  
Date