

Division of Corporations

P12000025464

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000066695 3)))



H120000666953ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6361

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : T19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

****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
CORSAN DENTAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED
12 MAR 14 AM 8:52
DIVISION OF CORPORATIONS
FILED
2012 MAR 14 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12 0000 666953.

ARTICLES OF INCORPORATION

OF

CORSAN DENTAL, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CORSAN DENTAL, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name:

CORSAN DENTAL, INC.

H12 0000 666953.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR 14 AM 10:42

FILED

A12 0000 666953.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**TERESITA CORDOBA
8540 NW 6TH LANE # 205
MIAMI, FL. 33126**

The principal office shall be:

**8540 NW 6TH LANE # 205
MIAMI, FL. 33126**

A12 0000 666953.

ARTICLE VI

The Initial Board of Directors shall consist of a total of ONE(01)person,
and the name and address of the person who is to serve as an initial director is:

TERESITA CORDOBA
8540 NW 6TH LANE # 205
MIAMI, FL. 33126

PRESIDENT

The name and address of the incorporator executing these Articles of
Incorporation is:

TERESITA CORDOBA
8540 NW 6TH LANE # 205
MIAMI, FL. 33126

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these
Articles of Incorporation this 12 day of MARCH 2012

Teresita L Cordoba R.
TERESITA CORDOBA

H12 0000 666953.

H12 0000 666953.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

CORSAN DENTAL, INC.

2. The Name and Address of the registered agent and office is

**TERESITA CORDOBA
8540 NW 6TH LANE # 205
MIAMI, FL. 33126**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Teresita P. Cordoba P.

Dated: MARCH 12, 2012.

H12 0000 666953

2012 MAR 14 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED