

P12000060855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

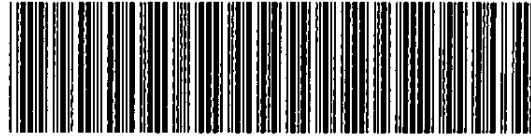
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100237198171

07/09/12--01034--004 **78.75

FILED
12 JUL -9 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/11/12

COVER LETTER

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

SUBJECT: Rosa Bueno DMD, 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: Rosa Bueno

Name (Printed or typed)

79 SW 12th Street # 3107

Address

Miami, FL 33130

City, State & Zip

305-498-4357

Daytime Telephone number

buenoro@yahoo.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)

ARTICLE I NAME

Rosa Bueno DMD, PA.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
79 SW 12th street #3107
Miami FL 33130

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Health Care. Dentist

FILED
12 JUL -9 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa Bueno, President
Address: 79 SW 12th street # 3107
Miami FL 33130

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: Rosa Bueno
Address: 79 SW 12th street #3107
Miami FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosa Bueno
Address: 79 SW 12th street #3107
Miami FL 33130

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

07/01/2012

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

07/01/2012

Date