

P12000063567

(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:

Ivan Terrero **DATE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT** Article IV  
**DATE** 7/19/12  
**DOC. EXAM** MRS

Office Use Only



700237197957

07/09/12--01034--003 \*\*78.75

FILED

12 JUL 19 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
7/20/12

## COVER LETTER

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

SUBJECT: Veritas Dental Pompano, 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: Veritas Dental Pompano, PA  
Name (Printed or typed)

12715 Aviano Drive  
Address

Naples, FL 34105  
City, State & Zip

917-796-7624  
Daytime Telephone number

jampa59@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JUL 19 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 11, 2012

VERIAS DENTAL POMPANO, PA  
ATTN: IVAN TERRERO, DDS  
12715 AVIANO DRIVE  
NAPLES, FL 34105

SUBJECT: VERITAS DENTAL POMPANO, PA  
Ref. Number: W12000036731

We have received your document for VERITAS DENTAL POMPANO, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the corporation name in Article I of the form. Be a little more specific with the information in the purpose box.

The specific business purpose of the professional association must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00018578

**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:

*Veritas Dental Pompano, PA*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12715 Aviano Drive  
Naples, FL 34105

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dental *Dental Services*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

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

Name and Title: Ivan Terrero, DDS

Address: 12715 Aviano Drive  
Naples, FL 34105

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: Ivan Terrero, DDS

Address: 12715 Aviano Drive  
Naples, FL 34105

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ivan Terrero, DDS

Address: 12715 Aviano Drive  
Naples, FL 34105

*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

7/2/12

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.*

  
Required Signature/Incorporator

7/2/12

Date

**FILED**  
12 JUL 19 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA