

P130000064788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

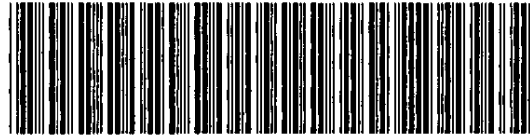
(Business Entity Name)

(Document Number)

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

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08/01/13--01020 -007 \*\*78.75

13 AUG - 1 AM 8:05

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## COVER LETTER

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

SUBJECT: **HUMARAN DENTAL CORP.**

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Ricardo J. Humaran**

Name (Printed or typed)

**7512 NW 176 St**

Address

**Hialeah, FL 33015**

City, State & Zip

**786-554-3751**

Daytime Telephone number

**humararj@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)

**ARTICLE I NAME**

The name of the corporation shall be: HUMARAN DENTAL CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7512 NW 176 St

Hialeah, FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide professional dental services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Ricardo J. Humaran Name and Title: \_\_\_\_\_

Address: President Address: \_\_\_\_\_

7512 NW 176 St

Hialeah, FL 33015

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

13 AUG - 1 AM 8:05  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

(conti.)

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: Ricardo J. Humaran

Address: 7512 NW 176 St

Hialeah, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

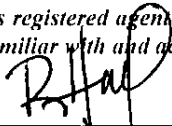
Name: Ricardo J. Humaran

Address: 7512 NW 176 St

Hialeah, FL 33015

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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

07/30/13

\_\_\_\_\_  
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

07/30/13

\_\_\_\_\_  
Date