#### 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.

(((H14000052080 3)))



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)617-6381

From:

Account Name : WS BUSINESS CENTER CORP.

Account Number : 119980000052 : (305)267-2767 Phone

Fax Number

: (305)267-2775

\*\*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 CLINICA DENTAL MANAGUA, INC

	•
Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

### H14000052080

# ARTICLE OF INCORPORATION OF

#### CLINICA DENTAL MANAGUA, INC

The undersigned Subscriber desiring to form a corporation in the State of Florida, hereby makes, signs, and subscribes these Articles of Incorporation in order to form a corporation under the laws of the State of Florida, and hereby adopts the following Articles of Incorporation for such corporation.

#### **ARTICLE 1 - NAME**

The name of the corporation shall be:

CLINICA DENTAL MANAGUA, INC

The principal place of business of this corporation shall be:

10404 WEST FLAGLER STREET, STE 8 MIAMI, FL 33174

## ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### **ARTICLE III - CAPITAL STOCK**

The aggregated number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

**SHARES#** 

**PAR VALUE** 

STOCK DESCRIPTION

250

\$1.00

Common Stock

#### ARTICLE IV - TERM OF EXISTENCE

This corporation shall have perpetual existence.

WILLIAM J. STRANGE 1325 S.W 87<sup>TH</sup> Ave. – Miami, Florida 33174 PHONE (305)267-2767 FAX (305)227-2775

ニュニュラファン りょう ひょう

### 414000052080

STREET, STE 8 MIAMI, FL 33174

#### ARTICLE V - OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

#### **BOARD OF DIRECTORS:**

Treasury:

OFFICER'S TITLE President:	NAME CARLOS A. SOMARRIBA	ADDRESS 10404 WEST FLAGLER STREET, STE 8 MIAMI, FL 33174		
Secretary:	CARLOS A. SOMARRIBA	10404 WEST FLAGLER STREET, STE 8 MIAMI, FL 33174		
Treasury:	CARLOS A. SOMARRIBA	10404 WEST FLAGLER		

### ARTICLE VI - INCORPORATOR(S)

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

NAME CARLOS A. SOMARRIBA	ADDRESS 10404 WEST FLAGLER STREET, STE 8 MIAMI, FL 33174		24 至2	Em)
IN WITNESS WHEREOF, the undersigned I executed these Articles of Incorporation this day of, 2014.	ncorporator(s) has (have)		1	Section .
Signature(s) of Incorporator(s)		Million Talkani Markani Markani Markani	55	ί.

WILLIAM J. STRANGE 1325 S.W 87TH Ave. - Miami , Florida 33174 PHONE (305)267-2767 FAX (305)227-2775

# <u>CERTIFICATE OF DESIGNATION</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

Pursuant to the provisions of Section 607.325, Florida Statues, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

#### CLINICA DENTAL MANAGUA, INC

NAME CARLOS A. SOM	IARRIBA	ADDRESS 10404 WEST FLAGLER STREET, STE 8 MIAMI, FL 33174
SIGNATURE_	V	
TITLE _	PRESIDENT	
DATE _	02-21-14	
HAVING BEE	N NAMED TO ACCEPT	SERVICE OF PROCESS FOR THE A

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE	$\mathcal{O}$	
DATE	02-21-14	

14 MAR -4 PM 1: 52

WILLIAM J. STRANGE 1325 S.W 87<sup>TH</sup> Ave. – Mismi , Florida 33174 PHONE (305)267-2767 FAX (305)227-2775