

Mar. 11. 2014 4:06PM

No. 1697-8-1f2

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Yarelis Cartagena DMD II, PA

Certificate of Status	0
Certified Copy	0
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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: **YARELIS CARTAGENA DMD II, PA**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3685 Fallscrest Circle

Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **engage in the practice of dentistry as a professional service corporation and to provide services incidental thereto, carried out only through officers and other agents who are licensed in Florida to render the services of dentistry.**

ARTICLE IV SHARES **1000**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Yarelis Cartagena DMD**

Name and Title: _____

Address: **PST**

Address: _____

3685 Fallscrest circle

Clermont, FL 34711

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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14 MAR 11 AM 11:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Mar. 11. 2014 4:06 PM
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(cont.)

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: Mark M. Kamp
Address: 660 US Hwy One - 3rd Floor
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark M. Kamp
Address: 660 US Hwy One - 3rd Floor
North Palm Beach, FL 33408

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

03/11/2014
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

03/11/2014
Date