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DIVISION OF CORPORATIONS
14 APR -9 PM 1:03

4/11/14

COVER LETTER

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

SUBJECT: MIAMI DENTAL LAB. ASSOCIATES, INC.
(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: Beckir Garcia
Name (Printed or typed)

1014 E. Ponce de Leon Blvd. #1
Address

Coral Gables, FL 33134
City, State & Zip

(786) 372-2685
Daytime Telephone number

Beckir.MiamiDental@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:

Miami Dental Lab Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3430 SW 8 Street
Miami, FL 33135

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Lab, providing dental
prosthesis.

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DIVISION OF CORPORATIONS
14 APR - 9 PM 11:03

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Belkis Garcia President

Name and Title:

Address

1014 B. Ponce de Leon
Apt. 1
Miami Gardens, FL 33134

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(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: Belkis Garcia
Address: 1814 E. Ponce de Leon Blvd. #1
Ward Gables, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Belkis Garcia
Address: 1814 E. Ponce de Leon Blvd. #1
Ward Gables, FL 33134

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

B96
Required Signature/Registered Agent

4/1/14
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.

B96
Required Signature/Incorporator

4/1/14
Date