

P14600073112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

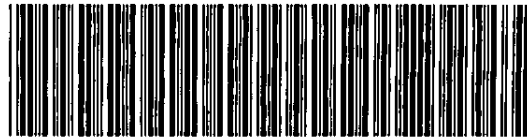
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263681402

09/02/14--01012--020 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -2 AM 10:05

NEW
9/30/14

COVER LETTER

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

SUBJECT: Dr. Saili Ruiz, 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 ☒ \$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: Saili Ruiz

Name (Printed or typed)

311E 3 St Unit 4

Address

Hialeah Fl 33010

City, State & Zip

786-762-5894

Daytime Telephone number

sailiruizdmd@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: Dr.Saili Ruiz, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

311 E 3 St Unit 4

Hialeah Fl 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE COMPANY SHALL ENGAGE IN THE BUSINESS OF PROVIDING DENTAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Saili Ruiz President

Name and Title: _____

Address 311 E 3 st unit 4

Address: _____

Hialeah Fl

33010

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 2 AM 10:05

(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:

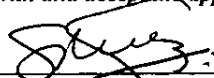
Name: Saili Ruiz
Address: 311 E 3 st Unit 4
Hialeah Fl 33010

ARTICLE VII INCORPORATOR

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


Name: Saili Ruiz
Address: 311 e 3 st unit 4
Hialeah fl 33010

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

8/30/14
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.


Required Signature/Incorporator

8/30/14
Date