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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LUIS FABELO, D.D.S., P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

14 DEC 19 AM 8:15
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ARTICLES OF INCORPORATION

OF

LUIS FABELO, D.D.S., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Luis Fabelo, D.D.S., P.A.

EFFECTIVE DATE

The effective date of this corporation shall be:

January 1, 2015

ARTICLE II PRINCIPAL OFFICE

The principal place of business physical address of this corporation shall be:

6848 N.W. 169 St.
Miami Lakes, FL 33015

The principal place of business mailing address of this corporation shall be:

15030 Dunbarton Place
Miami Lakes, FL 33016

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ARTICLE III PURPOSE

The purpose of this corporation shall be:

This corporation is organized for the purpose of providing dental services.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding is:

100 shares at \$1.00 par value

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ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Luis O. Fabelo
15030 Dunbarton Place
Miami Lakes, FL 33016

ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

Luis O. Fabelo
15030 Dunbarton Place
Miami Lakes, FL 33016

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

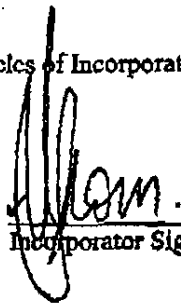
Luis O. Fabelo
President/Secretary/Treasurer
15030 Dunbarton Place
Miami Lakes, FL 33016

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Luis O. Fabelo
15030 Dunbarton Place
Miami Lakes, FL 33016

The undersigned has (have) executed these Articles of Incorporation this 19 day of December, 20 14.



Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.**



REGISTERED AGENT SIGNATURE

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SANTA ANA COUNTY CLERK

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