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FLORIDA PROFIT/NON PROFIT CORPORATION SOFIA FONTECILLA DDS P.A.

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ARTICLES OF INCORPORATION

OF

SOFIA FONTECILLA DDS P.A.

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be:

SOFIA FONTECILLA DDS P.A.

ARTICLE II PRINCIPAL OFFICE

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

**1920 S. BAYSHORE LN
MIAMI, FL 33133**

ARTICLE III PURPOSE

The purpose of this corporation shall be: **THE CORPORATION SHALL ENGAGE IN THE PRACTICE OF DENTISTRY**

ARTICLE IV CAPITAL STOCK

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock with a \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial Registered Agent of this corporation shall be:

**SOFIA FONTECILLA
1920 S. BAYSHORE LN
MIAMI, FL 33133**

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the officers and board of directors shall be:

**PRESIDENT
SOFIA FONTECILLA
1920 S. BAYSHORE LN
MIAMI, FL 33133**

ARTICLE VII INCORPORATOR(S)

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

**SOFIA FONTECILLA
1920 S. BAYSHORE LN
MIAMI, FL 33133**

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The undersigned has executed these Articles of Incorporation this 2ND day of JANUARY, 2015.



INCORPORATOR

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

SOFIA FONTECILLA DDS P.A.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT 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

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