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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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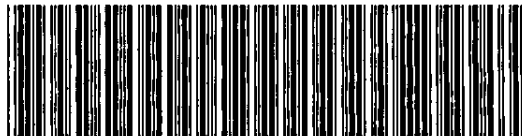
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE III
PURPOSE PER TELEPHONE
CONVERSATION WITH
G. C. JAUREGUI.

[Signature] 01/22/15

Office Use Only



100268411211

01/20/15--01008--018 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 20 PM 4:33

[Signature] 01/22/15

COVER LETTER

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

SUBJECT: GUILLERMO C. JAUREGUI D.D.S., P.A.
(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: Guillermo C. Jauregui Rodriguez
Name (Printed or typed)

957 N.W. 128 PLACE
Address

MIAMI, FLORIDA, 33182
City, State & Zip

786-838-6218
Daytime Telephone number

GUILLEJAUREGUI66@YAHOO.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 GUILLERMO C. JAUREGUI D.D.S., P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
957 N.W. 128 PLACE _____
MIAMI, FL 33182 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
DENTAL SERVICES

ARTICLE IV SHARES 100
The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>GUILLERMO C. JAUREGUI</u>	Name and Title: <u>PRESIDENT</u>
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

(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: NOEL R. PUIG
 Address: 777 N.W. 72 AVE
MIAMI, FL 33126

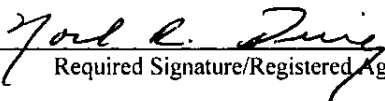
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ARTICLE VII INCORPORATOR

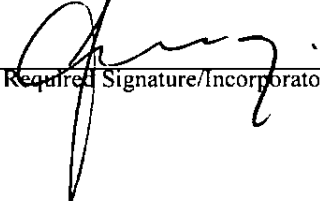
The name and address of the Incorporator is:

Name: GUILLERMO C. JAUREGUI
 Address: 957 N.W. 128 PLACE
MIAMI, FL

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

 01/15/2015
 Required Signature/Registered Agent 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.

 01/15/2015
 Required Signature/Incorporator Date