

P15000005818

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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

*K* 01/22/15

Office Use Only



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

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

*K* 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**

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

**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**

The number of shares of stock is: 100

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GUILLERMO C. JAUREGUI Name and Title: PRESIDENT

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GUILLERMO C. JAUREGUI

Address: 957 N.W. 128 PLACE

MIAMI, FL

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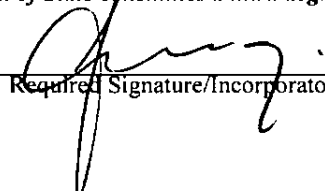
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

01/15/2015

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

01/15/2015

Date