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15 MAR 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DIEGO ROMERO DDS, 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
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: DIEGO ROMERO
Name (Printed or typed)

1805 PONCE DE LEON BLVD. APT. #622
Address

CORAL GABLES FL 33134
City, State & Zip

508-2830215
Daytime Telephone number

dr.diego-romero@hotmail.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: DIEGO ROMERO DDS, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7600 S RED ROAD, SUITE #228
SOUTH MIAMI, FL 33143

1805 PONCE DE LEON BLVD.
APT. #622
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE PURPOSE OF DENTISTRY
AND PROSTHODONTICS.

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIEGO ROMERO DDS Name and Title: _____

Address 1805 PONCE DE LEON BLVD Address: _____

APT. #622

CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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15 MAR 26 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: DIEGO ROMERO DDS Name and Title: _____
Address: 1805 PONCE DE LEON BLVD Address: _____
APT #622 _____
CORAL GABLES, FL 33134 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DIEGO ROMERO DDS
Address: 1805 PONCE DE LEON BLVD, APT #622
CORAL GABLES, FL 33134

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIEGO ROMERO DDS
Address: 1805 PONCE DE LEON BLVD, APT #622
CORAL GABLES, FL 33134

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

[Signature]
Required Signature/Registered Agent

3/20/15
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.

[Signature]
Required Signature/Incorporator

3/20/15
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2015

DIEGO ROMERO
1805 PONCE DE LEON BLVD APT #622
CORAL GABLES, FL 33134

SUBJECT: DIEGO ROMERO, DDS, PA
Ref. Number: W15000018888

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15 MAR 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DIEGO ROMERO, DDS, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 515A00005358

FILED
15 MAR 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA