

P/5000046588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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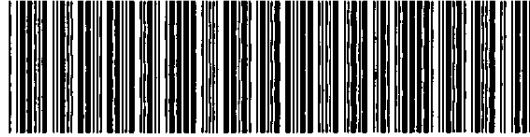
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 26 PM 12:45

✓ 05/27/15

COVER LETTER

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

SUBJECT: Advanced Dental Implants and Oral Surgery, 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: Jerome I. Bistriz

Name (Printed or typed)

4544 N Jefferson Avenue

Address

Miami Beach, Florida 33140

City, State & Zip

786-271-9522

Daytime Telephone number

jbomfs99@att.net

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: Advanced dental Implants and Oral Surgery, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4544 N. Jefferson Avenue

Miami Beach, Florida 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the practice of Oral and Maxillofacial Surgery

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerome I. Bistriz

Name and Title:

Address 4544 N. Jefferson Avenue

Address:

Miami Beach, Florida 33140

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 26 PM 12:45

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: Jerome Bistriz

Address: 4544 N Jefferson Avenue

Miami Beach, Florida 33140

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jerome I. Bistriz

Address: 4544 N. Jefferson Avenue

Miami Beach, Florida 33140

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/21/2015
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

5/21/2015
Date