

P15000075042

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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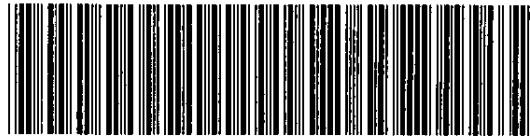
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/15--01004--008 **78.75

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15 SEP -4 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/16/15

COVER LETTER

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

SUBJECT: PEREZ DENTAL GROUP INC.

(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: PEREZ DENTAL GROUP INC.

Name (Printed or typed)

2531 SW 102 AVE

Address

MIAMI FLORIDA 33165

City, State & Zip

786-488-2611

Daytime Telephone number

albaeperez@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME PEREZ DENTAL GROUP INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
2531 SW 102 AVE MIAMI FL 33165

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
ALL LAWFUL BUSINESS

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBA E. PEREZ CARMONA DIRECTOR Name and Title: _____

Address 2531 SW 102 AVE Address: _____
MIAMI FL 33165

Name and Title: LUIS ARMANDO PEREZ DIRECTOR Name and Title: _____

Address 2531 SW 102 AVE Address: _____
MIAMI FL 33165

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ALBA E. PEREZ CARMONA
Address: 2531 SW 102 AVE
MIAMI FL 33165

ARTICLE VII INCORPORATOR

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

Name: ALVARO GONZALEZ
Address: 2531 SW 102 AVE
MIAMI FL 33165

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TALLAHASSEE, FLORIDA

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
09/01/2015
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
09/01/2015
Date