Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002980153)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_	

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

: (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					
-------	----------	--	--	--	--	--

FLORIDA PROFIT/NON PROFIT CORPORATION DAVID CABANZON DDS, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

DEC 1 8 2015

S. GILBERT

Corporate Filing Menu

Help

#3034 P.002/003

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: DAVID C	ABANZON DDS, PA
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
21059 SW 90 PL CUTLER BAY, FL 33189	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Management	al Services and
	6 J
ARTICLE IV SHARES The number of shares of stock is:	PM 10: 23
Name and Title: Day Id Cabanzon N	ame and Title:
Address 21059 SW 90 PLA CUTLER BAY FL 33189	.ddress:
Name and Title: N	ame and Title:
Address A	.ddress:
Name and Title:N	same and Title:
Address A	address:

0/28/2033		(FAX)30	مرز رکوکور	#3034 P. 00
y 177,20.13 18,35 18anicard 95.742.		H-1	500	029807
Name and Title:	Name and Title:			
Address	Address:	i		
		<u> </u>		/*==
		<u></u>		
		:		•
ARTICLE VI REGISTERED AGENT			•	·
Name: David J. Caban:		ent is:		
MINED CW ON I		:		
Address: 21054 SW. 401	1 33/89	:		
Carre 1944 F		į		
ARTICLE VII INCORPORATOR		:		
The name and address of the Incorporator is:	4	:		
Name: David J. Cale Address: 21059 5W. 9	an zon	:		
Address: 21059 5W. 9	o Place	. 04	2	
Cutler Bay	FL 33	187	7	
Having been named as registered agent to accept service of	f process for the abova sta	: ited corp	oration at	the place designal
this certificate, i am familiar with and accept the appointme	ent as registered agent and	agree to	act in this	capacity
Required Signature/Registered A		!		0 / 44 / / 2 Date
I submit this document and affirm that the facts stated he	_	: that the	e false infa	, -
document to the Department of Side constitutes a third deg	rce felony as provided for	in s.817.	155, F.S.	10/1
Required Signature-Incorporate		:		10/4/
Julies Signature-Hees por as		i		, Day
		•		
		:		
	•	<u>:</u>		
	•	•		