Division of Corporations

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
REBECCA LENARD, DMD, P.A.

Certificate of Status	0
Certified Copy	1
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COVER LETTER

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

SUBJECT: Rebecca Lenard, DMD, 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: Rebecca Lenard, DMD
Name (Printed or typed)

6601 SW 80th street, Suite 212
Address

Miami, Florida 33143
City, State & Zip

305 666 2068 (o) / 305 965-5757 (c)
Daytime Telephone number

drRebeccaLenard@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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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 16 JAN 26 PM 2:24

ARTICLE I NAME
The name of the corporation shall be: REBECCA LENARD, DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
6601 SW 80th St, Ste 212	
Miami, Fl 33143	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Pediatric dentist for purpose of employment and future dental practice acquisition

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca LENARD, DMD PRESIDENT	Name and Title: Howard LENARD, VICE Presiden
Address: 6601 SW 80th Street Suite 212 Miami, Fl 33143	Address: PO Box 331400 Miami, Fl 33233
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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TALLAHASSEE, FLORIDA

16 JAN 26 PM 2:24

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: Howard Lenard

Address: 15499 West Dixie Highway
North Miami Beach, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rebecca Lenard, DMD

Address: 1601 SW 80th Street, Suite 212
Miami, FL 33143

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

_____ 1/25/16
Required Signature/Registered Agent — 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.

_____ 1/25/16
Required Signature/Incorporator — Date

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