

P16000016667

(Requestor's Name)

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(City/State/Zip/Phone #)

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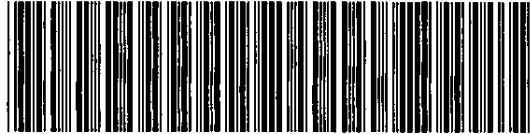
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ARZOLA-DIAZ 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: ARZOLA-DIAZ DENTAL GROUP INC.

Name (Printed or typed)

9950 SW 11 TERR

Address

MIAMI FLORIDA 33174

City, State & Zip

Daytime Telephone number

yanielykirenia@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: ARZOLA-DIAZ DENTAL GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9950 SW 11 TERR

MIAMI FLORIDA 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIRENIA DIAZ DIRECTOR

Name and Title:

Address 9950 SW 11 TERR

Address:

MIAMI FLORIDA 33174

Name and Title: YANIEL ARZOLA VICE DIRECTOR

Name and Title:

Address 9950 SW 11 TERR

Address:

MIAMI FLORIDA 33174

Name and Title:

Name and Title:

Address

Address:

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BELL AHASSEE, FLORIDA

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: YANIEL ARZOLA
Address: 9950 SW 11 TERR
MIAMI FLORIDA 33174

ARTICLE VII INCORPORATOR

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

Name: ALVARO GONZALEZ
Address: 2531 SW 102 AVE
MIAMI FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/07/2016 (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
02/07/2016
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
02/07/2016
Date