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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
MILEIDIS PENA MARRO D.M.D, P.A.

Certificate of Status	0
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MAY 26 2016
T. BROWN

H16000128429

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: Mileidis Pena Marro DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13195 SW 19th Terrace,
Miami FL. 33175

Mailing address, if different is:

Same as
Principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dentist

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mileidis Pena Marro DMD (P)

Address 13195 SW 19th Terrace
Miami, FL. 33175

Address:

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Mileidis Pena Marro

Address: 13195 SW 19th Terrace

Miami FL 33175

ARTICLE VII INCORPORATOR

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

Name: Mieleidis Pena Marro

Address: 13195 SW 19th Terrace

Miami FL 33175

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

_____ 5/24/16

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.

_____ 5/24/16.

Required Signature/Incorporator Date