

P160001341523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H160001341523)))



H160001341523ABCK

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
ODONTOLOGY TRAINING CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN - 1 AM 9:34
RECEIVED
16 JUN - 1 PM 3:05
TALLAHASSEE, FLORIDA

Handwritten signature

06/01/2016 14:25

3052201440

LAZARUS

PAGE 02/04

H16000134152

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of ODONTOLOGY Training Center Inc of Doc # P13000022770 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

JUAN C SANCHEZ

16 JUN -1 AM 9:31

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000134152

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

H16000134152

ARTICLE I NAME: The name of the corporation is:

ODONTOLOGY TRAINING CENTER INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7322 Miami Lakeway SO, Miami Lakes FL 33014

7322 Miami Lakeway SO, Miami Lakes FL 33014

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

President: NATALIA MOHAMAD DR

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Sanchez Juan C

900 W 49 st, suite 518

Hialeah FL 33012.

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Natalia Mohamad, DR

7322 Miami Lakeway SO, Miami Lakes FL 33014

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN - 1 AM 9:31

H16000134152

05/01/2016 14:26 3052201440
05/31/2016 17:07 3053628750

LAZARUS
SANCHEZ&SANCHEZ

PAGE 04/04
PAGE 02

H16000134152

Required Signatures:

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



Registered Agent

Ivan C Sanchez.

5-31-2016.

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. 817.153, F.S.



Incorporator

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -1 AM 9:31

H16000134152