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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S):

1. Katherine M. Gutierrez, P.A.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

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New Filings	
X	Profit
	Non-Profit
	Limited Liability
	Other:

Amendments	
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Filings	
	Annual Report
	Fictitious Name
	Apostille:
	Other:

Examiners Initials	

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: KATHERINE M. GUTIERREZ, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

8877A FONTAINEBLEAU BLVD. # 103

MIAMI, FL 33172

Mailing address, if different is:

8877A FONTAINEBLEAU BLVD. #3

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE NATURE OF BUSINESS IS THE PRACTICE OF:

DENTAL HYGIENIST

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHERINE M. GUTIERREZ (P/S/D)

Address 8877A FONTAINEBLEAU BLVD. #3

MIAMI, FL 33172

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: KATHERINE M. GUTIERREZ

Address: 8877A FONTAINEBLEAU BLVD #103

MIAMI, FL 33172

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: KATHERINE M. GUTIERREZ

Address: 8877A FONTAINEBLEAU BLVD #103

MIAMI, FL 33172

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 days prior or 90 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

_____ 02/24/2017

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.

_____ 02/24/2017

Required Signature/Incorporator Date