

P/7000025/96

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/20/17

## COVER LETTER

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

**SUBJECT:** Alquizar Orthodontics, 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:** Pedro J. Alquizar

\_\_\_\_\_  
Name (Printed or typed)

9125 SW 87th Ave.

\_\_\_\_\_  
Address

Miami, FL 33176

\_\_\_\_\_  
City, State & Zip

305-922-6246

\_\_\_\_\_  
Daytime Telephone number

Alquizarortho@gmail.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: Alquizar Orthodontics, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9125 SW 87th Ave.

Miami, FL 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental orthodontic services

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pedro J. Alquizar, Pres.

Name and Title: \_\_\_\_\_

Address 9125 SW 87th Ave.

Address: \_\_\_\_\_

Miami, FL 33176

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ 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: Pedro J. Alquizar, Pres.  
Address: 9125 SW 87th Ave.  
Miami, FL 33176

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**ARTICLE VII INCORPORATOR**

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

Name: Pedro J. Alquizar  
Address: 9125 SW 87th Ave.  
Miami, FL 33176

**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*

✓ Pedro J. Alquizar  
Required Signature/Registered Agent

✓ 3/14/17  
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.*

✓ Pedro J. Alquizar  
Required Signature/Incorporator

✓ 3/14/17  
Date