

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

425907

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To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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
PURE DENTAL CARE PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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MAY 19 2017

5/18/2017

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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: PURE DENTAL CARE PA

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
104 WINDSOR COURT
LAKE WORTH, FLORIDA 33462

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
FOR THE PRACTICE OF DENTAL CARE AND ANY OTHER BUSINESS LEGAL
IN THE STATE OF FLORIDA AND UNITED STATES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: YAGNABALA PATEL, PRESIDENT Name and Title:
Address: 104 WINDSOR COURT Address:
LAKE WORTH, FL 33462
Name and Title: Name and Title:
Address: Address:
Name and Title: Name and Title:
Address: Address:

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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: YAGNABALA PATEL
Address: 104 WINDSOR COURT
LAKE WORTH, FL 33462

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YAGNABALA PATEL
Address: 104 WINDSOR COURT
LAKE WORTH, FL 33462

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

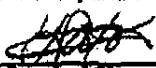
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 5-18-17
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.

 5-18-17
Required Signature/Incorporator Date

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