

# **Electronic Articles of Incorporation For**

**P17000045946  
FILED  
May 22, 2017  
Sec. Of State  
tchang**

FANTASEA PEDIATRIC DENTISTRY, P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

FANTASEA PEDIATRIC DENTISTRY, P.A.

## **Article II**

The principal place of business address:

11017 LOST LAKE DRIVE  
SUITE 115  
NAPLES, FL. 34105

The mailing address of the corporation is:

11017 LOST LAKE DRIVE  
SUITE 115  
NAPLES, FL. 34105

## **Article III**

The purpose for which this corporation is organized is:

TO ENGAGE IN THE BUSINESS OF PROVIDING DENTAL SERVICES

## **Article IV**

The number of shares the corporation is authorized to issue is:

1000

## **Article V**

The name and Florida street address of the registered agent is:

JOANA LASTRES  
11017 LOST LAKE DRIVE  
SUITE 115  
NAPLES, FL. 34105

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JOANA LASTRES

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## **Article VI**

The name and address of the incorporator is:

JOANA LASTRES  
11017 LOST LAKE DRIVE  
SUITE 115  
NAPLES, FLORIDA 34105

Electronic Signature of Incorporator: JOANA LASTRES

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
JOANA LASTRES  
11017 LOST LAKE DRIVE, SUITE 115  
NAPLES, FL. 34105