

Florida Department of State  
Division of Corporations  
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Email Address: e.pennington@blalockwalters.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Amaury Rodriguez, DDS, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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AUG 04 2017  
K. Brumbley

**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: Amaury Rodriguez, DDS, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3944 W. Flaaler Street

Mailing address, if different is:

Coral Gables, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this professional association is to engage in the practice of dentistry and to do any and all things necessary, convenient or incidental to that purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Amaury Rodriguez, DDS P/D

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

Address: 3944 W. Flagler Street

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

Coral Gables, FL 33134

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

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

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

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

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

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

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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: QUESADA VALDES PLLC  
 Address: 1313 Ponce de Leon Blvd #200  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

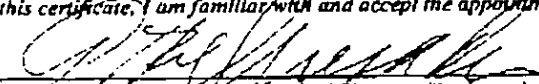
Name: Amaury Rodriguez, DDS  
 Address: 3944 W. Flagler Street  
Coral Gables, FL 33134

**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.)

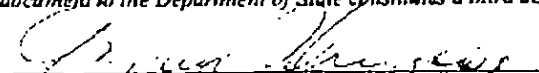
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

8/3/17  
 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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

8/3/17  
 Date