P17000014118

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

130150

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Re-Sending Correction

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RECEIVED
17 SEP -6 PM 4:54
DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
UNIDENT DENTAL GROUP LAB, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

09/06/2017 16:49 3056339696 CORP USA PAGE 01/05

September 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: UNIDENT DENTAL GROUP LAB, INC.
REF: W17000072596

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000238540
Letter Number: 017A00018328

COVER LETTER

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

SUBJECT: UNIDENT DENTAL GROUP LAB, INC.
(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: CESAR A. DAROS RODRIGUES
Name (Printed or typed)

8130 NW 11TH STREET
Address

SUNRISE, FL 33313
City, State & Zip

954-741-7041
Daytime Telephone number

CESARDAROS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

17 SEP -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: UNIDENT DENTAL GROUP LAB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6126 NW 11TH STREET
SUNRISE, FL 33313

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL MATTERS.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CESAR A. DAROS RODRIGUES, PRES.
Address: 415 CAMBRIDGE LANE
WESTON, FL 33326

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: CESAR A. DAROS RODRIGUES

Address: 415 CAMBRIDGE LANE

WESTON, FL 33326

17 SEP -6 AM 9:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CESAR A. DAROS RODRIGUES

Address: 415 CAMBRIDGE LANE

WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9.5.17 (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

✓ _____ 08/21/17

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.

✓ _____ 08/21/17

Required Signature/Incorporator Date