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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Dental Designs Group, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

N. SAMS
SEP 22 2017

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: Dental Designs Group, 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: Johnny Peralta
Name (Printed or typed)

1412 SW 158 Ave
Address

Pembroke Pines, Florida 33027
City, State & Zip

Daytime Telephone number

dr.johnny_peralta@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FILED
17 SEP 21 PM 3:11
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: Dental Designs Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1412 SW 158 Ave	
Pembroke Pines, Florida 33027	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Dental services

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johnny Peralta, President
Address: 1412 SW 158 Ave
Pembroke Pines, FL 33027

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

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: Johnny Peralta

Address: 1412 SW 158 Ave

Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

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

Name: Johnny Peralta

Address: 1412 SW 158 Ave

Pembroke Pines, FL 33027

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

By: _____ 9/20/17

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 s817.155, F.S.

_____ 9/20/17

Required Signature/Incorporator Date