P17000089391

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000292837 3)))

H170002928373ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

17 NOV -6 PM 5:16

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
ISABEL M. ACOSTA VALDES DDS. PA

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

17 NOV -6 PM 5:19

Electronic Filing Menu   Corporate Filing Menu   Help

D O'KEEFE
NOV 07 2017

H17000292837

ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: Isabel M. Acosta Valdés DDS. PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: (PRINCIPAL) 7800 N University Dr. Tamarac, FL 33321 US.

(MAILING) 2250 SW 81 Ave
Miami- FL 33155

ARTICLE III PURPOSE

The purpose of this corporation shall be: Dentist (DDS)

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100 SHARES

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Isabel M. Acosta Valdés
2250 SW 81 Ave
Miami- FL 33155

H17000292837

H17000292837

ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

ISABEL M. ACOSTA VALDES
2250 SW 81 AVE
MIAMI FL 33155

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

ISABEL M. ACOSTA VALDES (P)
2250 SW 81 AVE
MIAMI FL 33155

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

ISABEL M. ACOSTA VALDES
2250 SW 81 AVE
MIAMI FL 33155

17 NOV -6 PM 12:19

The undersigned has (have) executed these Articles of Incorporation this 6 day of NOVEMBER, 20 17.

Incorporator Signature

H17000292837

H17000292837

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

H17000292837