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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ISABEL M. ACOSTA VALDES DDS. PA

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**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 Valdez 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 Valdez
2250 SW 81 Ave
Miami - FL 33155

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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:

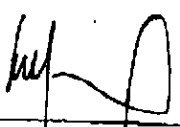
ISABEL M. ACOSTA VALDES (P)
2250 SW 81 AVE
MIAMI FL 33155

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

The undersigned has (have) executed these Articles of Incorporation this 4 day of
NOVEMBER, 2017.


Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED 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

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