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☐ PICK-UP

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(Business Entity Name)

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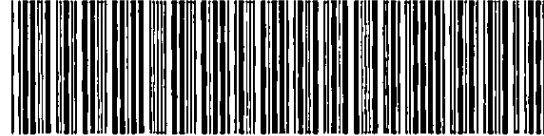
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17 NOV 20 PM 12:33
FALLS CHURCH, VIRGINIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2017

CAROLINA OSPINA
2311 10TH AVENUE NORTH, UNIT-14
LAKE WORTH, FL 33461

We have received your document for CAROLINA OSPINA, MDM, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The Officers/ Directors complete address must be stated on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 217A00021645

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FALLS CHURCH, VA 22034

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71-470

COVER LETTER

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

SUBJECT: CAROLINA OSPINA, DMD., 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CAROLINA OSPINA
 Name (Printed or typed)

2311 10TH AVENUE NORTH, UNIT-14
 Address

LAKE WORTH, FLORIDA 33461
 City, State & Zip

561-306-1394
 Daytime Telephone number

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

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

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: CAROLINA OSPINA, DMD., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2311 10TH AVENUE NORTH, UNIT-14

LAKE WORTH, FLORIDA 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DENTAL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLINA OSPINA, PRESIDENT

Name and Title:

Address

2311 10TH Avenue

Address:

North, Unit -14

Lake worth, FL 33461

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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17 NOV 20 PM 12:33
CLERK OF DISTRICT COURT
JACKSONVILLE, 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: CAROLINA OSPINA

Address: 3511 POMEROL DRIVE, UNIT-308

WELLINGTON, FLORIDA 33414

ARTICLE VII INCORPORATOR

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

Name: CAROLINA OSPINA

Address: 3511 POMEROL DRIVE, UNIT-308

WELLINGTON, FLORIDA 33414

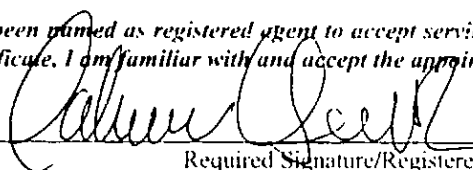
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/02/2017 (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



Required Signature/Registered Agent

08/02/2017

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

08/02/2017

Date

FILED
17 NOV 20 PM 12:33
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA