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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****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
MAURICIO ANTEZANA, DMD, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
17 DEC 26 PM 3:40
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 DEC 26 AM 9:16
MAURICIO ANTEZANA, DMD, P.A.
EXCELSIOR CORPORATE SERVICES, INC.



December 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: MAURICIO ANTEZANA, DMD, P.A.
REF: W17000099121

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

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: B17000327567
Letter Number: 817A00025384

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: MAURICIO ANTEZANA, DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12188-5 SAG HARBOR COURT

12188-5 SAG HARBOR COURT

WELLINGTON, FL 33414

WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: dental practice

To conduct all activities set forth and permitted under and Florida corporation law

ARTICLE IV SHARES

The number of shares of stock is: 100 PV \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAURICIO ANTEZANA, Director

Name and Title: _____

Address 12188-5 SAG HARBOR COURT

Address: _____

WELLINGTON, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 DEC 26 AM 9:16

MAURICIO ANTEZANA, DMD, P.A.
12188-5 SAG HARBOR COURT
WELLINGTON, FL 33414

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: MAURICIO ANTEZANA
Address: 12188-5 SAG HARBOR COURT
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAURICIO ANTEZANA
Address: 12188-5 SAG HARBOR COURT
WELLINGTON, FL 33414

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 business days prior or 90 business 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
12/12/2017
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
12/12/17
Date