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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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1539

****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
Crystal Pediatric Smile Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 22 PM 5:00

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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: Crystal Pediatric Smile Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

1684 Eagle Bend

Weston FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dentistry

ARTICLE IV SHARES

The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alejandra Romero - President

Address: 1684 Eagle Bend

Weston FL 33327

Name and Title: Alejandra Romero - Secretary

Address: 1684 Eagle Bend

Weston FL 33327

Name and Title: Alejandra Romero - Treasurer

Address: 1684 Eagle Bend

Weston FL 33327

Name and Title: Alejandra Romero - Director

Address: 1684 Eagle Bend

Weston FL 33327

Name and Title:

Address:

Name and Title:

Address:

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: Alejandra Romero
Address: 1684 Eagle Bend
Weston FL 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alejandra Romero
Address: 1684 Eagle Bend
Weston FL 33327

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

Alejandra Romero 08/14/2018
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 s.817.155, F.S.

Alejandra Romero 08/14/2018
Required Signature/Incorporator Date