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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.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LERY BONNIN DMD PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 AUG 24 PM 4:53

18 AUG 24 AM 8:09

*B Mulchon
9/27/19*

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: Lery Bonnin DMD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10454 NW 5 Terrace

Miami, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dentist

18 AUG 21 AM 3:01
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lery Bonnin (P) Name and Title: _____

Address 10454 NW 5 Address: _____

Terr _____

Miami FL 33172 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(cont.)

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: Lery Bonnin
 Address: 10454 NW 5 Terr
Miami FL 33172

18 AUG 24 AM 3:09
 SECRETARY
 FALL RIVER, NJ

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lery Bonnin
 Address: 10454 NW 5 Terr
Miami FL 33172

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.

[Signature]
 Required Signature/Registered Agent

8/24/18
 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.

[Signature]
 Required Signature/Incorporator

8/24/18
 Date