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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
Fax Number : (305)675-5944

****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
LERY BONNIN DMD PA

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

2018 AUG 24 PM 4:53

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18 AUG 24 AM 8:07

18 AUG 24 AM 8:07

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 TerraceMiami, FL 33172**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dentist**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:

TerrMiami 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 AGENTThe 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

ARTICLE VII INCORPORATORThe 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

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