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To:8506176381

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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I20160000091

Phone : (305)635-9694

Fax Number : (305)635-9868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jjserviger@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

JG ALL SMILES DENTISTRY P.A.

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DIVISION OF CORPORATIONS

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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: JG ALL SMILES DENTISTRY P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1975 W 44TH PL APT A103

HALEAH, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL CARE, TREATMENT AND PROCEDURES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YANET JAIME GARRIGA. PRESIDENT

Address: 1975 W 44TH PL APT A103

HALEAH, FL 33012

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: YANET JAIME GARRIGA
Address: 1975 W 44TH PL APT A103
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YANET JAIME GARRIGA
Address: 1975 W 44TH PL APT A103
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 09/01/2019

(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 Agent09/03/19
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/Incorporator09/03/19
Date

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