

# P19000082232

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Division of Corporations  
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To:

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

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

19 NOV -4 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## FLORIDA PROFIT/NON PROFIT CORPORATION

### Goldenberg Candid Florida, Professional Association

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

**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: Goldenberg Candid Florida, Professional Association**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2665 S. Bayshore Dr., Suite 220Coconut Grove, Florida 33133-5402**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: dentistry**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Marc Goldenberg, DDS, DirectorName and Title: Marc Goldenberg, DDS, PresidentAddress 2665 S. Bayshore Dr., Suite 220Address: 2665 S. Bayshore Dr., Suite 220Coconut Grove, Florida 33133-5402Coconut Grove, Florida 33133-5402

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: Vcorp Services, LLC  
Address: 5011 South State Road 7, Suite 106  
Davie, Florida 33314

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Marc Goldenberg, DDS  
Address: 2665 S. Bayshore Dr., Suite 220  
Coconut Grove, Florida 33133-5402

**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*

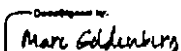


Required Signature/Registered Agent

11/1/19



*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

10/31/2019

Date