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2019 NOV -7 AM 10:36
SEC 1001-017
TALLAHASSEE, FL 32309

NOV 08 2019

Brumley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JJC26 DENTAL, P.A.

Signature _____

Requested by: Seth _____

11/07/19

Name _____

Date _____

Time _____

Walk-In _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: JJC26 Dental, P.A.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jonathan Steszewski, Esq.

Name (Printed or typed)

1228 NW 165th Ave

Address

Pembroke Pines, FL 33028

City, State & Zip

3055628348

Daytime Telephone number

Jonathan@Steszewskimedina.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JJC26 Dental, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
12530 New Brittany Blvd
Fort Myers, FL 33907

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Dental Practice

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Jonathan Chouragui - P
Address: 12530 New Brittany Blvd
Fort Myers, FL 33907

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

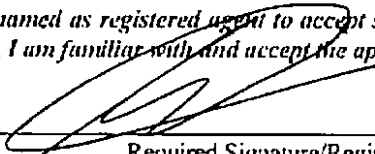
Name: Jonathan Steszewski, Esq.
Address: 1228 NW 165th Ave
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Steszewski, Esq.
Address: 1228 NW 165th Ave
Pembroke Pines, FL 33028

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

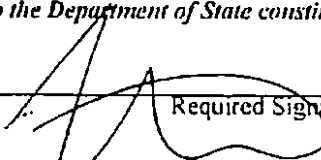


Required Signature/Registered Agent

11/7/19

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/Incorporator

11/7/19

Date

FILED
2019 NOV -7 AM 10:39
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TALLAHASSEE, FLORIDA