

P19000088661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

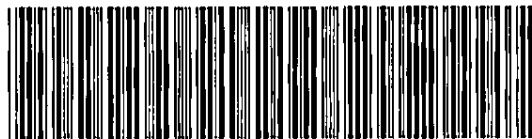
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Certified Copies _____

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2019 DEC -3 AM 2:00

OFFICE OF STATE
TALLAHASSEE, FLORIDA

FILED

2019 DEC -3 AM 10:45

OFFICE OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

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

BELLO DENTAL ASSOCIATES IV P.A.

Signature _____

Requested by: SETH

12/02/19

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File 70
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

COVER LETTER

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

SUBJECT: BELLO DENTAL ASSOCIATES IV 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 BELLO DENTAL ASSOCIATES IV P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5810 S University Drive STE 128
Davie FL 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Dental Office

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenny E Bello, DDS
Address: 5810 South University Drive STE 128
Davie, FL 33328

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:

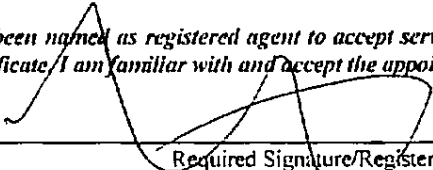
Name: Jonathan Steszewski, Esq.
Address: 1228 NW 165th Ave
Pembroke Pines, FL 33028

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

12-1-19

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

12-1-19

Date

2019 DEC -3 AM 10:45
SECRETARY OF STATE
FALLS CHURCH, VA

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