

P190000093110

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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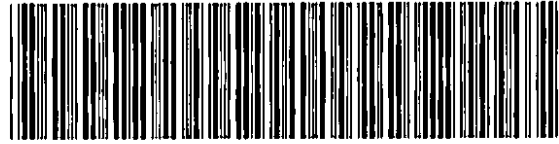
(Business Entity Name)

(Document Number)

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2019 DEC 16 PM 2:11

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19 DEC 15 PM 3:11  
SECRETARY OF STATE  
ATLANTA, GEORGIA

**CAPITAL CONNECTION, INC.**

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

MENTAL BLUSH MIAMI, P.A.,

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
 \_\_\_\_\_ 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 \_\_\_\_\_

**Signature**

Requested by: Seth

12/16/19

Name

Date \_\_\_\_\_

Time

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12: Ponder's Printing • Thomsville, GA 8/00

Walk-In \_\_\_\_\_  
12: Ponder's Printing • Thomsville, GA 8/00

Walk-In \_\_\_\_\_  
12: Ponder's Printing • Thomsville, GA 8/00

## COVER LETTER

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

SUBJECT: Dental Blush Miami, 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**

Dental Blush Miami, P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12260 SW 8th St. Miami, FL 33184

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: <u>Dr. Tamara Tatiana Martinez, DDS, P</u>	Name and Title: _____
Address: <u>12260 SW 8th St. Miami, FL 33184</u>	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: 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  
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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

FILED  
19 DEC 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-16-19

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