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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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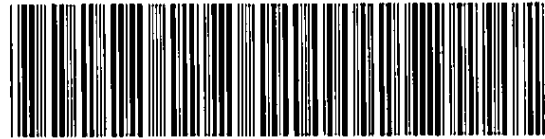
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

20 FEB 27 12:46

CAPITAL CONNECTION, INC.

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

Ana V. Aviles DMD, PA.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ 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 _____
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SECRETARY OF STATE
TALLAHASSEE, FL

**Articles of Incorporation
For**

ANA V. AVILES DMD. PA

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

ANA V. AVILES DMD. PA

Article II

The principal place of business address:

4210 NW 107 AVE SUITE 1411
MIAMI, FL. US 33178

The mailing address of the corporation is:

4210 NW 107 AVE SUITE 1411
MIAMI, FL. US 33178

Article III

The purpose for which this corporation is organized is:

THIS CORPORATION MAY OFFER DENTAL SERVICES AS PERMITTED UNDER THE LAWS
OF THE STATE OF FLORIDA

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

ANA V. AVILES
4210 NW 107 AVE SUITE 1411
MIAMI, FL. US 33178



certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature:


ANA V. AVILES

Article VI

The name and address of the incorporator is:

ANA V. AVILES
4210 NW 107 AVE SUITE 1411
MIAMI, FL. US 33178

Signature of Incorporator:


ANA V. AVILES

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P

ANA V. AVILES
4210 NW 107 AVE SUITE 1411
MIAMI, FL. US 33178

Article VIII

The effective date for this corporation shall be:

02/26/2020

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SECRETARY OF STATE
TALLAHASSEE, FL

