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SECKETANY OF STATE

11 CH LIGAN JUN - 5 2020

CAPITAL CONNECTION, INC.

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

Mars Dental, P.A.			
			<u> </u>
		<u>.</u>	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trude/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
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	06/04/20		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier



June 5, 2020

CAPITAL CONNECTION, INC.

SUBJECT: MARS DENTAL, P.A. Ref. Number: W20000055753

We have received your document for MARS DENTAL, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Article V list the title of the individual.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 620A00011117

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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

SUBJECT: Mars [Dental, P.A.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and onc (1) copy of the an	ticles 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 CO	PY REQUIRED
FROM: Yi	net Garcia De Castro Nam	e (Printed or typed)	
11.	NW 8th St		
		Address	
Mia	ami, FL 33030 City	. State & Zip	
30	5-562-8348 Daytime 1	Felephone number	
Jon	athan@steszewskimedina.co	m	
	E-mail address: (to be use	d for future annual report n	otification)

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

FILED

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

The name of the corpora	Maria Daniel DA		2029 JUN -8 AM O. O
	ation shall be: Mars Dental, P.A.		2020 JUN -8 AH 9: 3
RTICLE II PRIN			SECRETARY OF STAT
11 NW 8th St	Principal <u>street</u> address	Mailing address, if o	INTERNATIONAL OF STAT
liami, FL 33030			
			·····
RTICLE III PURP he numose for which	OSE the corporation is organized is: Dental	Office	
o parpoor for willen			
<u> </u>			
			
			**
DTICLE V INUTI			
	AL OFFICERS AND/OR DIRECTORS		
	· · · · · · · · · · · · · · · · · · ·	Name and Title:	
	· · · · · · · · · · · · · · · · · · ·		
Name and Titl	e: Yinet Garcia De Castro P		
Name and Titl	e: Yinet Garcia De Castro P 111 NW 8th St		
Name and Titl	e: Yinet Garcia De Castro P 111 NW 8th St	Address:	
Name and Titl Address	Yinet Garcia De Castro P 111 NW 8th St Miami, FL 33030	Address:	
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Name and Title Address Name and Title Address	Yinet Garcia De Castro P 111 NW 8th St Miami, FL 33030	Name and Title: Name and Title: Name and Title:	

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: 15100 NW 67th Ave. Suite 200 Miami Lakes, FL 33014 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jonathan Steszewski, Esq. Address: 15100 NW 67th Ave. Suite 200 Miami Lakes, FL 33014	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: 15100 NW 67th Ave. Suite 200 Miami Lakes, FL 33014 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jonathan Steszewski, Esq. Address: 15100 NW 67th Ave. Suite 200 Miami Lakes, FL 33014 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		nd Title:	Name and Title:	
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