Electronic Filing Menu

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

LAZARUS CORPO

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000207997 3)))



H200002079973ABC3

	Doing so will generate another cover sheet.	7	
To:			
	Division of Corporations	(N.)	
	Fax Number : (850)617-6381		
From:		·, — [.	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	क्ष्य ्र	
	Account Number : I20000000019	1	
	Phone : (305)552-5973 Fax Number : (305)675-5944	•	
<u></u>	nnual report mailings. Enter only one email address please.* mail Address:	···	
En	FLORIDA PROFIT/NON PROFIT CORPORATION		
Es	FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FITNESS INC		(
Es	FLORIDA PROFIT/NON PROFIT CORPORATION	 	:
En	FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FITNESS INC		:
Es	FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FITNESS INC Certificate of Status 0		
Es	FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FITNESS INC Certificate of Status Certified Copy 1		
Es	FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FITNESS INC Certificate of Status Certified Copy 1		
En	FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FITNESS INC Certificate of Status Certified Copy Page Count 03		

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
DENTAL FITNESS INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
MIAMI FL 33135	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: MARIO GARCIA CACERES 310 SW 34 AVE MIAMI FL 33135	:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: MARIO GARCIA CACERES	
310 SW 34 AVE.	
MIHMII FL 00100	

Required Signatures:

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

I submit this document and affirm that the facts stated herein are ${\sf tru}_{{\sf f}}$. 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.

7 - 2 - 200 Erate