

**P2000055429**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LAURA FERNANDEZ CUESTA P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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2020 JUL 24 AM 11:29  
DIVISION OF CORPORATIONS  
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JUL 27 2020

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

**ARTICLE I NAME**The name of the corporation shall be: LAURA FERNANDEZ CUESTA P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
68 SE 6TH STREET UNIT 1407  
MIAMI, FL 33131Mailing address, if different is:  
68 SE 6TH STREET UNIT 1407  
MIAMI, FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: DENTIST**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LAURA FERNANDEZ CUESTA

Name and Title: \_\_\_\_\_

Address PRESIDENT

Address: \_\_\_\_\_

68 SE 6TH STREET UNIT 1407MIAMI, FL 33131

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: LAURA FERNANDEZ CUESTA  
Address: 68 SE 6TH STREET UNIT 1407  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LAURA FERNANDEZ CUESTA  
Address: 68 SE 6TH STREET UNIT 1407  
MIAMI, FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/22/2020 (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 filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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