

P20000057336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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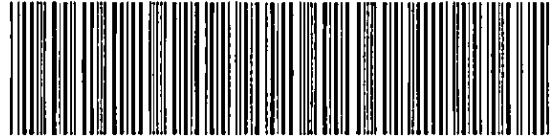
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 07/31/2020

☐ **CERTIFIED COPY**

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articles

1. Coral Dental Laboratory Inc.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Coral Dental Laboratory Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1949 Maravilla Ave.

Fort Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Laboratory

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ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Castellanos, DP

Name and Title:

Address 5123 SW 18th Ave

Address:

Cape Coral, FL 33914

Name and Title: Marly Gonzalez, DVPST

Name and Title:

Address 5123 SW 18th Ave

Address:

Cape Coral, FL 33914

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: Registered Agents Inc.
Address: 7901 4th St N Ste 300
St. Petersburg, FL 33702

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda J. Beren
Address: 31416 Agoura Rd Ste. 118
Westlake Village, CA 91361

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 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

Bill Hume

Required Signature/Registered Agent

7/31/2020

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.

AJB

Required Signature/Incorporator

7/31/2020

Date