Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL ESTHETIC CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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AUG 2 5 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Dental esthetic Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 9835 SW 4057 Miami FL 33165
ARTICLE III SHARES: The number of shares of stock is: / O O
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Karael Simbaco (P)
- Juliet Duconger (VP)
ARTICLEV INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
ARTICLEVI INCORPORATOR: The name and address of the Incorporator is: Duliet Duconger 9835 SW 40ST Miami FL 33165

Required Signatures:

3052201440

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
Registered Agent Date
submit this document and affirm that the facts stated herein are true. I

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 \$.817.155, F.S.