

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P200000348929

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.

((H20000348992 3)))



H200003489923ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : 120190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CENTRO DE IMPLANTES Y ESTETICA DENTAL MIAMI CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

OCT 08 2020

T. SCOTT

FILED

2020 OCT -7 AM 8:38

2020 OCT -7 AM 10:22

63

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CENTRO DE IMPLANTES Y ESTETICA DENTAL MIAMI CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

5750 SW 6TH STMIAMI, FL 33144**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GERARDO E BRACHO TUOZZO-P

Name and Title: _____

Address: 5750 SW 6TH ST

Address: _____

MIAMI, FL 33144

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2020 OCT -7 AM 8:38
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GERARDO E BRACHO TUOZZO
Address: 5750 SW 8TH ST
MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GERARDO E BRACHO TUOZZO
Address: 5750 SW 8TH ST
MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE

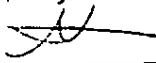
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

X



Required Signature/Registered Agent

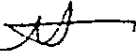
X

10/06/2020

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.

X



Required Signature/Incorporator

X

10/06/2020

Date