Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Help

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	ess Dontal L	NC.
ARTICLE II PRINCIPAL OFFICE Principal street address	5803 NW 1	s, if different is:
151 St Ste 3010-30	8. <u>ste: 306-30</u>	8
Miami Lalas FL 33	014 Hiami Lake	S, FL 33014
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Dental Office	
		7 52
ARTICLE IV SHARES The number of shares of stock is:		9. II: 30
ARTICLE V INITIAL OFFICERS AND/ORDIRE Name and Title: Rifa (arctiva	-1 E-3/L CAL	
Address <u>5203 NW 15</u> SLE 306-31	1 St. Address:	
Miani Laha	s FL 33014	
Name and Title:	Name and Title:	12.12
Address		
Name and Title:		
Address		
41 ~ #W. 41 ~ #W. 41 ~ 40 ~ 40 ~ 40 ~ 40 ~ 40 ~ 40 ~ 40 ~		

Name at	nd Title:	Name and Tifle:		
Addres	s	Address:	·	
				
				
ARTICLE VI	REGISTERED AGENT			
The name and I	forida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	TAMARA RODRIGÜEZ			
Address:	5803 NW 151 ST., STE: 306-308			
	MIAMI LAKES, FL 33014			
ARTICLE VII	INCORPORATOR		हैं ह	E
The name and a	ddress of the Incorporator is:		3.0 ± 1.0 ± 1.0 ±	- O(
Name:	TAMARA RODRIGUEZ		٠ مير	11 OCT 2
Address:	5803 NW 151 ST., STE: 306-308		₩. **	ω [
	MIAMI LAKES, FL 33014		~	H H
ARTICLE VIII	EFFECTIVE DATE:		± "	ည
Effective date, i	f other than the date of filing:	(OPTIONAL)		Ć.
filing.) Note:	date is listed, the date must be specific and ca filhe date inserted in this block does not meet the nument's effective date on the Department of Sta-	anot de more than tive days prior di applicable statutory filing requiremen	r 90 days after ts, this date wi	tne Il not be
I submit this do document to the	ocument and affirm to at the facts stated herein Department of State constitutes a third degree for	are true. I am aware that the false in elony as provided for in s.817.155, F.S.	formation subt	mitted in a
Having been na this certificate.	med as registived agent accept service of prolamfamiliar is and a cept the appointment as	cess for the above stated corporation to s registered agent and agree to act in th	at the place des	signated in
	Required Signature Registered Agent	- Іпсогрогишт	Date	