## P21000002238

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FORMA DENT, P.A.   Art of Inc. File  LTD Pattership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Megger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Antual Report Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Cop Record Search  Fictitious Search  Fictitious Corner Search  Driving Record  Well-Pick Up  Walk-In  Will Pick Up  Veriets  UCC 11 Retrieval				
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Forma Dent P. (PROPOSED CORPORA	↓ . TE NAME - MUST INCL!	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	La check for:	,
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Jonathan Ste	SZLWSKI, ES	9	
10	5100 NW 67thA	ve Jute 200		
	Miami Lakes	FL 33014		2021 JAN 12
<del></del>	T 0	2438 lephone number		12 AH 5:
<del></del>	E-mail address: (to be used	WKKMEdina. Co for future annual report no	otification)	91:

NOTE: Please provide the original and one copy of the articles.



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

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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name:  JONATHAN STEST W&Ki, Esq.  Address:  15/00 NW 67th Aue Suite 200  Miami Lakel FL 33014  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  JONATHAN STESTEWAKI, Esq.  Address:  15/00 NW 107th Ave Suite 200  Miami Lakel, FL 33014	the registered agent is:		2021 JAN 12 AM 9: 4	
The name and Florida street address (P.O. Box NOT acceptable) of Name:    Jonathan (HSZLW&Ki, ESG. Address: 15/00 NW 67th Aul Suite 200 Miami Lakel FL 33014			12 AM	
The name and Florida street address (P.O. Box NOT acceptable) of Name:  Name: JONATHAN (HESZEWSKI, ESG.  Address: 15/00 NW 67th Aue Suite 200  Miami Lakel FL 33014  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Jonathan Steszewski, Esg.  Address: 15/00 NW 107th Ave Svite 200			12 AM	
The name and Florida street address (P.O. Box NOT acceptable) of Name:    JONAThan (JESZEWSKI, ESG. Address: 15/00 NW 67th Aue Suite 200 Miami Lakel FL 33014			12 AM	
Address: 15/00 NW 67th Aue Suite 200  Miami Lakes FL 33014  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Jonathan Steszewski, Esq.  Address: 15/00 NW 107th Ave Suite 200			12 AM	
Address: 15/00 NW 67th Aue Suite 200  Miami Lakes FL 33014  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Jonathan Steszewski, Esq.  Address: 15/00 NW 107th Ave Suite 200			12 AM	
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ARTICLE VIII _EFFECTIVE DATE:				
Effective date, if other than the date of filing:			s after th	1 <b>e</b>
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Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filing requiremen	ts, this date will	not be li	sted
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Having been named as registered agent to accept service of process for certificate, I am familiar with and po <del>cept the appointment</del> as registered	the above stated corporati dagent and agree to act in	ion at the place d this capacity	lesignate. ,	d in t
		01/1	2/2	/
Required Signature Registered Agent			ate at	
submit this document and affirm that the facts stated herein are tr document to the Department of State constitutes a third degree felony o			ı submitt	ted in
orcument to the Department of State Constitutes a title degree felony to	as provided for in S. 617.15	5. 6.5.	1/01	
Required Signifure/Incorporation	D:	ate	44	

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