

Florida Department of State

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CARLOS DA SILVA DMD PA**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

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: CARLOS DA SILVA DMD PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

8201 N PINE ISLAND ROAD SUITE B
TAMARAC, FL 33321

510 NW 84TH AVE APT 420
FT LAUDERDALE, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DENTAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS DA SILVA - PRES

Name and Title: _____

Address 510 NW 84TH AVE APT 420

Address: _____

FT LAUDERDALE, FL 33324

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2021 MAR 31 AM 11:27
CLERK OF DISTRICT COURT
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: CARLOS DA SILVAAddress: 510 NW 84TH AVE APT 420FT LAUDERDALE, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CARLOS DA SILVAAddress: 510 NW 84TH AVE APT 420FT LAUDERDALE, FL 33324

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FLORIDA

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*Carlos Da Silva03/30/2021

Required Signature/Registered Agent

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.817.135, F.S.*Carlos Da Silva03/30/2021

Required Signature/Incorporator

Date

Signature: Carlos Da Silva

Carlos Da Silva (Mar 30, 2021 12:30 EDT)

Email: carlosdasilva55@yahoo.com