

P21 000058901


(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

 WAIT☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUL 18 PM 2:25

2/21 JUN 22 PM 12:40

THE
FEDERAL
BUREAU OF
INVESTIGATION

10



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MAR 22 PM 12:40
TALLAHASSEE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 22 PM 2:20

TALLAHASSEE

June 21, 2021

CAPITAL CONNECTION

SUBJECT: L'EXCELLENCE DENTAL SERVICES, P.A.
Ref. Number: W21000089999

We have received your document for L'EXCELLENCE DENTAL SERVICES, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation cannot be its own officer or director.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 121A00013971

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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

L'EXCELLENCE DENTAL SERVICES PA

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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-11.ED

COVER LETTER

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

SUBJECT: L'Excellence Dental Services, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jonathan Steszewski, Esq.
Name (Printed or typed)

15100 NW 127th Ave. suite 300
Address

Miami Lakes, FL 33014
City, State & Zip

305-631-2438
Daytime Telephone number

jonathan@steszewskimedina.com
E-mail address: (to be used for future annual report notification)

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

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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: L Excellence Dental Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2630 NE 203 Street, Suite 101
Miami, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susel Ivet Perez Nieves, President

Address: 2630 NE 203 Street
Suite 101
Miami, FL 33180

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jonathan Staszewski, Esq.
Address: 15100 NW 67th Ave, Suite 200
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Staszewski, Esq.
Address: 15100 NW 67th Ave, Suite 200
Miami Lakes, FL 33014

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

Required Signature/Registered Agent

6/17/21
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.

Required Signature/Incorporator

6/17/21
Date

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