

P21000059592

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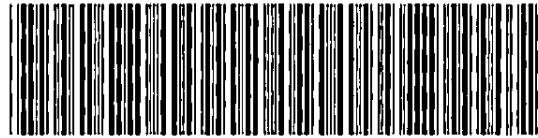
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

KIDS DENTAL PLUS, P.A.

Signature _____

Requested by: Seth

06/23/21

Name _____

Date _____

Time _____

Walk-In _____

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____ Art of Inc. File _____
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____ RA Resignation _____
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____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

CAPITAL CONNECTION

SUBJECT: KIDS DENTAL PLUS, P.A.
Ref. Number: W21000091149

We have received your document for KIDS DENTAL PLUS, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 821A00014260

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TALLAHASSEE, FLORIDA

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: Kids Dental Plus, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2910 N. State Road 7

Mailing address, if different is:

Lauderdale Lakes, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Practice (Pediatric)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruben D. Villarreal, President Name and Title: _____

Address: 2910 N. State Road 7 Address: _____
Lauderdale Lakes, FL 33331

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2021 JUN 21 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

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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 Herzewski, 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 Herzewski, 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

6/22/21
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

6/22/21
Date

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