## P2100064894

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
		_
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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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

Dental Holistic, P.A.  Act of Inc. File LTD Partnership File Foreign Corp. File L.C. File Ficultions Name File Trade/Service Mark Merger File Act, of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cen. Copy Photo Copy Certificate of Status Certificate of Fictitious Name Corp Record Sarch Officer Search Officer Search Fictitious Sarre- Fictitious Search Fictitious Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval	<del></del>		<del></del>			
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 Status  Certificate of Fictitious Name  Corp Record Search  Fictitious Search  Fictitious Search  Fictitious Search  Fictitious Search  Fictitious Search  Driving Record  Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 1 or 3 File  UCC 1 I Retrieval  UCC 1 Retrieval  UCC 1 Retrieval  Walk-In  Will Pick Up  Courier	Dental Holistic, P.A.					9: 42
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Fictitious Name File					Foreign Corp. File	<u> </u>
Trade/Service Mark					L.C. File	
Merger File					Fictitious Name File	<del></del>
Art. of Amend. File					Trade/Service Mark	<del></del>
RA Resignation					Merger File	
Dissolution / Withdrawal					Art, of Amend, File	<del></del>
Annual Report / Reinstatement     Cert. Copy     Photo Copy     Certificate of Good Standing     Certificate of Status     Certificate of Fictitious Name     Cofficer Search     Officer Search     Fictitious Search     Fictitious Owner Search     Vehicle Search     Driving Record   UCC 1 or 3 File   UCC 1 or 3 File   UCC 11 Search   UCC 11 Search   UCC 11 Retrieval   UCC 10 Courier   UCC 11 Courier   UCC 10					RA Resignation	_
Cert. Copy   Photo Copy   Photo Copy   Photo Copy   Certificate of Good Standing   Certificate of Status   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Vehicle Search   Vehicle Search   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Search   UCC 11 Retrieval   UCC 11 Retrieva					Dissolution / Withdrawal	
Photo Copy					Annual Report / Reinstatement_	
Certificate of Good Standing   Certificate of Status   Certificate of Status   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Fictitious Owner Search   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Retrieval   UCC 11 Ret					Cert. Copy	
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## **COVER LETTER**

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



SUBJECT: Dental I	Holistic, P.A.					
30B0LC1	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:			
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			

ROM:	Jonathan Steszewski, Esq.			
	Name (Printed or typed)			
	15100 NW 67 Ave., Suite 200			
	Address			
	Miami Lakes, FL 33014			
•	City, State & Zip			
	3056312438			
•	Daytime Telephone number			
j	ionathan@steszewskimedina.com			
-	E-mail address: (to be used for future annual report notification)			

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)

ICLE II PRIN	CIPAL OFFICE Principal street address	Δ.	Mailing address, if differ	ent is:
00 W Flagler St, Suite B202		.,	naming address, it differ	CIR 13.
ami, FL 33144				
	<del></del>			
TCLE III PURI purpose for which	OSE the corporation is organized is: Dental	Practice		
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TICLE IV SHAI number of shares o	f stock is: 100  AL OFFICERS AND/OR DIRECTORS			
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TICLE IV SHAI number of shares o	AL OFFICERS AND/OR DIRECTORS  le: Filiberto Herdocia, President			
TICLE IV SHAI number of shares of TICLE V INITI Name and Tit	AL OFFICERS AND/OR DIRECTORS  le: Filiberto Herdocia, President	Name and Title:		
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TICLE IV SHAI number of shares of TICLE V INITI Name and Tit Address	RES f stock is: 100  AL OFFICERS AND/OR DIRECTORS le: Filiberto Herdocia, President 8500 W Flagler St, Suite B202  Miami, FL 33144	Name and Title: Address:		
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Name an	d Title:	Name and Title:	
Address	·	Address:	<del></del>
	<del> </del>		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	ple) of the registered agent is:	
Name:	Jonathan Steszewski, Esq.		
Address:	15100 NW 67 Ave., Suite 200	., ~=	
	Miami Lakes, FL 33014		-77
ARTICLE VII	<u>INCORPORATOR</u>	THE ATTACK	: <u>.</u> <u>- [</u> - []
The name and ac	ddress of the Incorporator is:	<u> </u>	
Name;	Jonathan Steszewski, Esq.	<u></u>	φ •
Address:	15100 NW 67 Ave., Suite 200	; <del>Š</del> *	చ్
	Miami Lakes, FL 33014		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and o	. (OPTIONAL) rannot be more than five days prior or 90 days after	the
	inserted in this block does not meet the appli ffective date on the Department of State's rec	cable statutory filing requirements, this date will not be ords.	listed as
Having been nan certificate, I am f	ned us registered upon to accept service of proc familiar with and accept the appointment as re	ress for the above stated corporation at the place designal gistered agent and agree to act in this capacity	ted in this
·		7/13/2021	
	Required Agenture/Registered Agent	Date	
I submit this doc document to the	cument and affing that the facts stated hereir Department of State constitutes a third degree	n are true. I am aware that the false information subm felony as provided for in s.817.155, F.S.	itted in a
		7/13/2021	
Required Signatu	ire/incorporator	Date	