

**P2100006572C**  
H21000264780 3  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000264780 3)))



H210002647803ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FLL BUSINESS SOLUTION CORP  
Account Number : 120190000092  
Phone : (754) 202-8663  
Fax Number : (756) 636-3620

SECRETARY OF STATE  
TALLAHASSEE FL

2021 JUL 16 AM 2:02

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: FLLBusiness@outlook.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
JUAN COBO DDS P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 JUL 16 PM 4:29

7/19/21

**H21000264780 3**  
**COVER LETTER**

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

**SUBJECT:** JUAN COBO DDS 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:** FLL BUSINESS SOLUTION CORP

Name (Printed or typed)

8350 W STATE ROAD 84

Address

DAVIE, FL. 33324

City, State &amp; Zip

754-202-8663

Daytime Telephone number

FLLBusiness@outlook.com

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.**H21000264780 3**

**FILED**  
2021 JUL 16 AM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

H21000264780 3

## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JUAN COBO DDS P.A.ARTICLE II PRINCIPAL OFFICEPrincipal street address400 SW 101st TER UNIT 208  
PEMBROKE PINES, FL. 33025

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: DOCTOR OF DENTAL SURGERY SERVICESARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JUAN COBO, PRESIDENT

Name and Title: \_\_\_\_\_

Address 400 SW 101st TER UNIT 208

Address: \_\_\_\_\_

PEMBROKE PINES, FL. 33025

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2021 JUL 16 AM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

H21000264780 3

H21000264780 3

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: FLL BUSINESS SOLUTION CORP  
Address: 8350 W State Road 84  
Davie, FL 33324

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: JUAN COBO  
Address: 400 SW 101st TER UNIT 208  
PEMBROKE PINES, FL 33025

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 07/08/2021 (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

07/08/2021  
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.*

Juan F. Cobo  
Required Signature/Incorporator

07/08/2021  
Date

H21000264780 3

FILED  
2021 JUL 16 AM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FL