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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 120190000092
Phone : (754) 202-8653
Fax Number : (786) 636-3620

****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
CATHERINE PAEZ DDS P.A.

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

2021 Aug 25 Fri 1:57

2021 Aug 25 Fri 8:37

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COVER LETTER

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

2021 Aug 25 PM 1:57

SUBJECT: CATHERINE PAEZ 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIREDFROM: FLL BUSINESS SOLUTION CORP

Name (Printed or typed)

8350 W STATE ROAD 84

Address

DAVIE, FL. 33324

City, State & 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.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CATHERINE PAEZ DDS P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address5555 COLLINS AVE, APT 12NMIAMI BEACH, FL. 33140

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: DOCTOR OF DENTAL SURGERY SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CATHERINE PAEZ MARUN

Name and Title: _____

Address 5555 COLLINS AVE

Address: _____

APT 12NMIAMI BEACH, FL. 33140

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

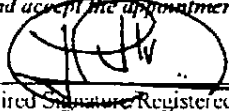
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: FLL BUSINESS SOLUTION CORPAddress: 8350 W STATE ROAD 84DAVIE, FL. 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CATHERINE PAEZ MARUNAddress: 5555 COLLINS AVE, APT 12NMIAMI BEACH, FL. 33140**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 08/24/2021 (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

08/24/2021

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.

Catherine Paez Marun

Required Signature/Incorporator

08/24/2021

Date

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