

8/26/2021

Division of Corporations

P21000076610Florida 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.

(((H21000320476 3)))



H210003204763ABCZ

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FLORIDA-PROFIT/NON-PROFIT-CORPORATION

ANDREINA C VITTO DDS, MSD PA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION OF

Andreina C Vitto DDS, MSD PA

The undersigned incorporator, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name and address of this corporation shall be:

**Andreina C Vitto DDS, MSD PA
C/O 1643 Brickell Avenue # 1406
Miami, FL 33129**

ARTICLE II - EXISTANCE

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE OF CORPORATION

The corporation may transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida and of the United States. Dentist, Postgraduate in periodontics and dental implants. Facial Cosmetic and cosmetic dentistry

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares that the corporation shall have authority to issue is 100 shares of common stock having \$ 1.00 par value.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - NAME OF REGISTERED AGENT AND ADDRESS OF REGISTERED OFFICE

The name and street address of the corporation's initial registered resident agent shall be:

**Andreina C Vitto DDS, MSD
C/O 1643 Brickell Avenue # 1406
Miami, FL 33129**

ARTICLE VII - INITIAL BOARD OF DIRECTORS

Initially this corporation shall have one director. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one. The name and address of the initial director is:

Andreina C Vitto DDS, MSD
C/O 1643 Brickell Avenue # 1406
Miami, FL 33129

ARTICLE VIII- INCORPORATOR

The name and address of the person signing these articles are:

Andreina C Vitto
C/O 1643 Brickell Avenue # 1406
Miami, FL 33129

ARTICLE IX - BY LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and shareholders.

ARTICLE X - AMENDMENT

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has (have) executed these Articles of Incorporation this August 11, 2021.


Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

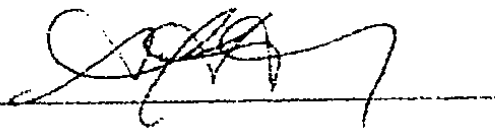
Andreina C Vitto

2. The name and address of the registered agent is:

**Andreina C Vitto
C/O 1643 Brickell Avenue # 1406
Miami, FL 33129**

Having been named to accept services of process for the above stated corporation, at the place designated in the certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE: _____



TITLE:

DATE: August 24, 2021