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To:			
	Division of Corporations		2021
	Fax Number : (850)617-6381		
From:	:	$\dot{\bar{z}}$	:36
	Account Name : FASTKIT CORP	ξ.	1
	Account Number : 120100000009	ene ene	131
	Phone : (305)599-0839	I. 4	3> 5E
	Fax Number : (305)592-9591	<u> </u>	
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02

\$78.75

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

ARTICLE 1 NAME The name of the corporation	on shall be: HERNANDEZ DENT	AL DESIGNS INC	·	
ARTICI.E II PRINCI	PAL OFFICE Trincipal <u>street</u> address		Mailing address, if different is:	
70 NW 62 AVENUE				
MIAMI, FLORIDA 33	3126			
ARTICLE III PURPOS The purpose for which the	<u>SE</u> c corporation is organized is:			
NEW COMPANY	- DENTAL SERVICES			<del></del>
				2021
				1007
ARTICLE IV SHARE. The number of shares of st	Tallian 1 000			5-1
	OFFICERS AND/OR DIRECTORS	<del></del>	TATE OF THE STATE	A 150:
Name and Title:	CESAR HERNANDEZ, CEO	Name and Title:	JANETXIA BARBER, COO	17
Address _	70 NW 62 AVENUE	Address:	70 NW 62 AVENUE	
_	MIAMI, FLORIDA 33126	<del></del>	MIAMI, FLORIDA 33126	
_				
Name and Title:_		Name and Title:		
Address		Address:		
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Name and Title:		Name and Title:		· · · · · · · · · · · · · · · · · · ·
Address		Address:		
_		<b>→</b> .		<del></del>
		<del>-</del> .		

Name and Title:		Name and Title:		
Address		Address:		
ARTICIEVI I	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	CESAR HERNANDEZ			
Address;	70 NW 62 AVENUE			
	MIAMI, FL 33126			
ADTICLE VIII	11/00 5 10 5 10 5 10 5 10 5 10 5 10 5 10			
	INCORPORATOR			
	dress of the incorporator is:			
Name:	CESAR HERNANDEZ			
Address:	70 NW 62 AVENUE			
	MIAML FL 33126			
Effective date, if of	EFFECTIVE DATE: other than the date of filing: 10/01/2021 ate is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prior or 90 days after the		
Note: If the date the document's ef	inserted in this block does not meet the applicable s fective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as		
Having been name certificate, I am fa	ed as registered agent to accept service of process for miliar with and accept the appointment as registered	the above stated corporation at the place designated in this dagent and agree to act in this capacity		
	<u> </u>	10/1/2)		
	Required Signature/Registered Agent	Date		
I submit this docu document to the D	ment and affirm that the facts stated herein are tr epartment of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.		
Required Signature	Checoporator 12			
redoned pignamic	Sincorporator )	Date		