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| PICK-UP WAIT MAIL | |
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| Special Instructions to Filing Officer: | - |
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| | PICK UP: | 11/10 DANNY |
|------------------|---------------------------------|--------------|
| XX | CERTIFIED COPY PHOTOCOPY CUS | |
| XX | FILING | INC |
| 1. | JUAN GUILLERMO LOPEZ, I | OMD, DDS, PA |
| 2. | (CORPORATE NAME AND DOCUMENT #) | |
| 3. | (CORPORATE NAME AND DOCUMENT #) | |
| 4. | (CORPORATE NAME AND DOCUMENT #) | |
| 5. | (CORPORATE NAME AND DOCUMENT #) | |
| 6. | (CORPORATE NAME AND DOCUMENT #) | |
| SPECIA INSTRU | L ICTIONS: | |

COVER LETTER

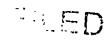
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: JUAN GUILLERMO LOPEZ, DMD, DDS, PA (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 **☑** \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee. & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: DORCAS TROCHE Name (Printed or typed) 9000 SHERIDAN STREET SUITE 138 Address PEMBROKE PINES, FL 33024 City, State & Zip 954-862-2222 Daytime Telephone number

DORCAS@RCGACCOUNTANTS.COM

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

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



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

2021 NOV 10 AM 11: 26

| | ion shall be: JUAN GUILLERMO LOPE | | 5, FA 5705-17 | OTAT |
|--|--|---|--|-------------|
| 13300-46 S C | TIPAL OFFICE Principal street address LEVELAND AVENUE | | Mailing address, if different is: | IF. FL |
| — FORT MYERS | S, FL-33907 | | | |
| ETICLE III PURPO e purpose for which the | OSE ne corporation is organized is: | | | |
| HE LAWS AND RI | ON IS ESTABLISHED TO PROVIDE JLES OF THE STATE OF FLORIDA OF MEDICAL QUALITY ASSURAN | A THAT GOVE | RVICES PURSUANT TO ERN THE DEPARTMENT | OF |
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| the number of shares of sh | L OFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD | | | |
| number of shares of shares of shares of shares of shares and Title | LOFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD 13300-46 S CLEVELAND AVE | | | |
| TICLE V INITIA Name and Title | LOFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD 13300-46 S CLEVELAND AVE FORT MYERS, FL 33907 | _ Address: | | |
| e number of shares of s TICLE V INITIA Name and Title Address | LOFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD 13300-46 S CLEVELAND AVE FORT MYERS, FL 33907 | Address: Name and Title | | |
| Name and Title: | LOFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD 13300-46 S CLEVELAND AVE FORT MYERS, FL 33907 | Address: Name and Title | | |
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| Name and Title: Address | LOFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD 13300-46 S CLEVELAND AVE FORT MYERS, FL 33907 | Address: Name and Title Address: | | |
| Name and Title: Address | LOFFICERS AND/OR DIRECTORS P-JUAN GUILLERMO LOPEZ, DMD 13300-46 S CLEVELAND AVE FORT MYERS, FL 33907 | Address: Name and Title Address: Name and Title | | |

| Name ar | nd Title: | Name and Title: | |
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| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable | Nafala an internal array in | /: 52 |
| Name: | CALIMA DENTAL MANAGEMEN | | \$21 KOV 10 \$107 - 71 1 |
| Address: | 13300-46 S CLEVELAND AVE | <u>—</u> | |
| rudiess. | FORT MYERS, FL 33907 | | |
| | · · · · · · · · · · · · · · · · · · · | <u> </u> | KHII: 26 |
| ARTICLE VII | <u>INCORPORATOR</u> | | HII: 26 |
| The name and a | ddress of the Incorporator is: | | (T) |
| Name: | JUAN G. LOPEZ, DMD, DDS | | |
| Address: | 13300-46 S CLEVELAND AVE | | |
| | FORT MYERS, FL 33907 | | |
| Aberoreium | EFFCTUE A.M. | | |
| Effective date, if | EFFECTIVE DATE: Other than the date of filing: | (OPTIONAL) | 1 |
| (If an effective of filing.) | late is listed, the date must be specific and car | inot be more than five days p | rior or 90 days after the |
| | inserted in this block does not meet the application flective date on the Department of State's recor | | s, this date will not be liste |
| Having been nan certificate, I am j | ned as registered agent to accept service of proce. Camiliar with and accept the appointment as regi | s for the above stated corporationstered agent and agree to act in | on at the place designated in this capacity |
| /S/CARLOS DE LIMA/ | | | 11/10/2021 |
| | Required Signature/Registered Agent | | Date |
| | ument and affirm that the facts stated herein of Department of State constitutes a third degree fe | | |
| /S/JUAN GUI | LLERMO LOPEZ, DMD, DDS/ | • | 11/10/2021 |
| | ire/Incorporator | Da | |