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STATE

**CORPORATE
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INC _____

1. JUAN GUILLERMO LOPEZ, DMD, DDS, PA
(CORPORATE NAME AND DOCUMENT #)

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 #)

**SPECIAL
INSTRUCTIONS:**

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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, 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
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)

2021 NOV 10 AM 11:26

ARTICLE I NAME

The name of the corporation shall be: JUAN GUILLERMO LOPEZ, DMD, DDS, PA

STATE OF FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

13300-46 S CLEVELAND AVENUE

Mailing address, if different is:

FORT MYERS, FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS ESTABLISHED TO PROVIDE DENTAL SERVICES PURSUANT TO THE LAWS AND RULES OF THE STATE OF FLORIDA THAT GOVERN THE DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P-JUAN GUILLERMO LOPEZ, DMD

Name and Title:

Address

13300-46 S CLEVELAND AVE

Address:

FORT MYERS, FL 33907

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: CALIMA DENTAL MANAGEMENT LLC

Address: 13300-46 S CLEVELAND AVE

FORT MYERS, FL 33907

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STATE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JUAN G. LOPEZ, DMD, DDS

Address: 13300-46 S CLEVELAND AVE

FORT MYERS, FL 33907

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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:

/S/CARLOS DE LIMA/
Required Signature/Registered Agent

11/10/2021
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.

/S/JUAN GUILLERMO LOPEZ, DMD, DDS/
Required Signature/Incorporator

11/10/2021
Date