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**CORPORATE  
ACCESS,  
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**XX CERTIFIED COPY** \_\_\_\_\_

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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:**

\_\_\_\_\_  
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\_\_\_\_\_

## 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  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& 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

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)

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ARTICLE I NAME

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

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13300-46 S CLEVELAND AVENUE

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

**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/ 11/10/2021  
Required Signature/Registered Agent 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/ 11/10/2021  
Required Signature/Incorporator Date

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CLERK OF THE COURT  
STATE OF FLORIDA