

P210004399123

Florida Department of State
Division of Corporations
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((H210004399123))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120186000033
Phone : (305) 805-3516
Fax Number : (305) 887-5844

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

Email Address:

Steven@chsfincialcpa.com

RECEIVED

2021 DEC -2 PM 2:45

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FLORIDA PROFIT/NON PROFIT CORPORATION
ALEJANDRO PIEDRA DMD PA

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(421000439912)

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

SUBJECT: Alejandro Piedra DMD 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 REQUIREDFROM: Steven Zamorano
Name (Printed or typed)6075 W Commercial Blvd
AddressTamarac, FL 33319
City, State & Zip954-724-4141
Daytime Telephone numberSteven@cbsfinancialcpa.com
E-mail address: (to be used for future annual report notification)

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

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

(H21000439912)

ARTICLE I NAME

The name of the corporation shall be: Alejandro Piedra DMD PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
10640 Griffin Road Unit 107
Davie, FL 33328

Mailing address, if different is:
10640 Griffin Road Unit 107
Davie, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dentist

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alejandro Piedra / PVTSD

Name and Title: _____

Address 6222 North State Road 7 #207
Coconut Creek, FL 33073

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: (#210004399,23)
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CBS Financial CPA PA
Address: 6075 W Commercial Blvd
Tamarac, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alejandro Piedra
Address: 6222 North State Road 7 #207
Coconut Creek, FL 33073

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/02/2021 (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

Required Signature/Registered Agent
12/02/2021
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.

Required Signature/Incorporator
12/02/2021
Date