

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANCED DENTAL CARE OF JUNO BEACH, PA**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**COVER LETTER**

H21000457026

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

**SUBJECT:** Advanced Dental Care of Juno Beach, 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:** Eskow Law Group, LLC  
                    Name (Printed or typed)  
1309 Beacon Street, Suite 300  
                    Address  
Brookline, MA 02446  
                    City, State & Zip  
617-936-0166  
                    Daytime Telephone number  
conor@eskowlawgroup.com  
                    E-mail address: (to be used for future annual report notification)

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

2021 DEC 15 PM 11:42  
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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: Advanced Dental Care of Juno Beach, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address99 Woodsmuir CourtPalm Beach Gardens, FL 33418

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Dentistry**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jack Rosenberg, President

Name and Title: \_\_\_\_\_

Address 99 Woodsmuir Court  
Palm Beach Gardens, FL 33418

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2021 DEC 15 PM 11:42  
SECRETARY  
TALLER  
12-15-21

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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: Jack Rosenberg  
Address: 99 Woodsmuir Court  
Palm Beach Gardens, FL 33418

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Jack Rosenberg  
Address: 99 Woodsmuir Court  
Palm Beach Gardens, FL 33418

**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*

Required Signature/Registered Agent

12/15/21

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

12/15/21

Date

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