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Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

SECRETARY OF STATE
 TALLAHASSEE, FL

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****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

FL Southern Dental Aventura P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE I NAME**The name of the corporation shall be: FL Southern Dental Aventura P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address21355 E. Dixie Hwy 105Aventura, FL 33180

Mailing address, if different is:

5830 Granite Parkway, Suite 780Plano, TX 75024**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: the practice of dentistry.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gary R. Weider, D.M.D., PresidentAddress: 21355 E. Dixie Hwy 105Aventura, FL 33180Name and Title: Gary R. Weider, D.M.D., SecretaryAddress: 21355 E. Dixie Hwy 105Aventura, FL 33180Name and Title: Gary R. Weider, D.M.D., DirectorAddress: 21355 E. Dixie Hwy 105Aventura, FL 33180

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: C T Corporation System
 Address: 1200 South Pine Island Road
 Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary R. Weider, D.M.D.
 Address: 21355 E. Dixie Hwy 105
 Aventura, FL 33180

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 TALLAHASSEE, FL

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

By: C T Corporation System, Laura R. Broderick, Asst. Secretary 12/21/2021
 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.817.133, F.S.

Gary R. Weider DMD 12/20/2021
 Required Signature/Incorporator Date