

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NEWLIGHT DENTAL INC

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE: 1-1-22

ARTICLE I NAME: The name of the corporation is:NewLight Dental Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

185 SE 14th Terr #2607Miami, FL 33131**ARTICLE III SHARES:** The number of shares of stock is: 10,000,000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lance Gordon - PresidentOmar Bernard - Vice PresidentDavid Gordon - Treasurer**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Lance Gordon185 SE 14th Terr #2607Miami, FL 33131**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lance Gordon185 SE 14th Terr #2607Miami, FL 33131

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STATE OF FLORIDA

Required Signatures:

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



Registered Agent

12/20/21
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.



Incorporator

12/20/21
Date

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SECRET
TALL