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**FLORIDA PROFIT/NON PROFIT CORPORATION
PALM SPRINGS DENTAL, CORP.**

Certificate of Status	0
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T. SCOTT

Electronic Filing Menu

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Help

DEC 28 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PALM SPRINGS DENTAL, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
16940 NW 86th CT
MIAMI LAKES, FL 33016

Mailing address, if different is:

16940 NW 86th CT
MIAMI LAKES, FL 33016**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GLORIA M. FERNANDEZ - P

Name and Title: _____

Address 16940 NW 86th CT

Address: _____

MIAMI LAKES, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

21 DEC 27 PM 12:43
ALABAMA SECRETARY OF STATE

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: GLORIA M. FERNANDEZ
Address: 16940 NW 86th CT
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLORIA M. FERNANDEZ
Address: 16940 NW 86th CT
MIAMI LAKES, FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2022 (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

G. M. Fernandez
(Signature of Registered Agent, Not a Stamp)

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.

G. M. Fernandez
(Signature of Incorporator, Not a Stamp)

Required Signature/Incorporator

Date