

**P22000002446**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

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  
DENTAL HELPER INC**

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)

2022 JAN 11 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FL**ARTICLE I NAME**The name of the corporation shall be: DENTAL HELPER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

16568 CEDAR RUN DRORLANDO FL 32828**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YELIZAVETA ABRAMOV

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

Address PRESIDENT

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

16568 CEDAR RUN DRORLANDO FL 32828

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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

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\_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: YELIZAVETA ABRAMOVAddress: 16568 CEDAR RUN DRORLANDO FL 32828**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: YELIZAVETA ABRAMOVAddress: 16568 CEDAR RUN DRORLANDO FL 32828**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*s/ YELIZAVETA ABRAMOV

Required Signature/Registered Agent

01/11/2022

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.*s/ YELIZAVETA ABRAMOV

Required Signature/Incorporator

01/11/2022

Date

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TALLAHASSEE, FL

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