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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WILLIAM POSNER DENTAL PSL, PA

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
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____ L.C. File _____
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____ RA Resignation _____
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COVER LETTER

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

SUBJECT: William Posner Dental PSL, 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: Jonathan Steszewski, Esq.

Name (Printed or typed)

15100 NW 67th Ave., Suite 200

Address

Miami Lakes, FL 33014

City, State & Zip

305-631-2438

Daytime Telephone number

Jonathan@steszewskimedina.com

E-mail address: (to be used for future annual report notification)

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

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

FILED

ARTICLE I NAME

The name of the corporation shall be: William Posner Dental PSL, PA

2022 JAN 27 AM 9: 55

ARTICLE II PRINCIPAL OFFICE

Principal street address

8511 N.U.S. Highway 1

Port St. Lucie, FL 34952

Mailing address, if different is

4343 ROYAL PALM AVE

MIAMI BEACH, FL 33140

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Posner, D.M.D., President

Name and Title: _____

Address 4343 ROYAL PALM AVE

Address: _____

MIAMI BEACH, FL 33140

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Jonathan Steszewski, Esq. _____

Address: 15100 NW 67 Ave., Suite 200 _____

Miami Lakes, FL 33014 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jonathan Steszewski, Esq. _____

Address: 15100 NW 67 Ave., Suite 200 _____

Miami Lakes, FL 33014 _____

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

1/25/22
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

1/25/22
Date

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TALLAHASSEE, FL

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