

P220000514803
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000051480 3)))



H220000514803ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (727)914-5090

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@usacorporationservices.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Clinica Dental Andes INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -8 AM 12:22

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: Clinica Dental Andes INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
600 CLEVELAND ST STE 393 OFF 739
Clearwater, Florida 33755

Mailing address, if different is:

SAME OF PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: servicios odontologicos

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN PABLO GOMEZ SANABRIA TITLE P

Name and Title: _____

Address CALLE ALCAZAR 464, RANCAGUA,
CACHAPOAL, CHILE

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 FEB -8 AM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Lupa Enterprises Inc. Luciana Mordini
Address: 600 CLEVELAND ST STE 393
CLEARWATER, FL 33755

ARTICLE VII INCORPORATOR

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

Name: Luciana Mordini
Address: 1020 Pine Brook DR
CLEARWATER, FL 33755

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

Lupa Enterprises Inc. Luciana Mordini
Required Signature/Registered Agent

February 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.

Luciana Mordini
Required Signature/Incorporator

February 2022
Date

FILED
2022 FEB - 8 AM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA