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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
DENTAL DESIGN STUDIO P.A.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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FEB 11 2022

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**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: DENTAL DESIGN STUDIO P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
620 RENAISSANCE POINTE APT# 307, ALTAMONTE SPRINGS, FL 32714Mailing address, if different is:  
620 RENAISSANCE POINTE APT# 307, ALTAMONTE SPRINGS, FL 32714**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Dentistry and any lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROY MOSHE, PRESIDENTAddress 620 RENAISSANCE POINTE APT# 307  
ALTAMONTE SPRINGS, FL 32714

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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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: EMIL WAHBA  
 Address: 1908 LAND O LAKES BLVD, SUITE 4  
LUTZ, FL 33549

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: EMIL WAHBA  
 Address: 1908 LAND O LAKES BLVD, SUITE 4  
LUTZ, FL 33549

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**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*EMIL WAHBA

Required Signature/Registered Agent

2/10/2022

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.*EMIL WAHBA

Required Signature/Incorporator

2/10/2022

Date