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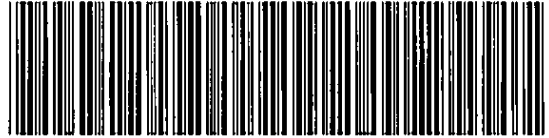
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FORT LAUDERDALE SMILE STUDIO PA

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____ Certificate of Good Standing _____
____ Certificate of Status _____
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____ Fictitious Search _____
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COVER LETTER

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

FILED
2022 MAR -9 AM 3:30
TALLAHASSEE, FLORIDA

SUBJECT: Fort Lauderdale Smile Studio, P.A.

(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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
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)

ARTICLE I NAME

The name of the corporation shall be: Fort Lauderdale Smile Studio, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6451 North Federal Highway, Suite 129

Ft. Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation is for a dental office.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johnny Peralta Lee, President

Name and Title: _____

Address 6451 North Federal Highway, Suite 129

Address: _____

Ft. Lauderdale, FL 33308

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF SUPERIOR COURT
HALL COUNTY, 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: 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
3/09/22
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
3/09/22
Date

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