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Florida Department of State
Division of Corporations
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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.**

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**FLORIDA PROFIT/NON PROFIT CORPORATION**
**CHAIM ALEN JAKOB PA**

| | |
|---|---|
| Certificate of Status | 0 |
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TALLAHASSEE, FLORIDA

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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: CHAIM ALEN JAKOB PA

*ARTICLE II PRINCIPAL OFFICE*

| Principal street address | Mailing address, if different is: |
|---|---|
| 301 174th Street Apt 610 | 301 174th Street Apt 610 |
| Sunny Isles, FL 33160 | Sunny Isles, FL 33160 |

*ARTICLE III PURPOSE*
The purpose for which the corporation is organized is: DENTAL PRACTICE

To engage in any lawful act or activity for which corporations may be organized.

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*ARTICLE IV SHARES*
The number of shares of stock is: 200

*ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS*

Name and Title: CHAIM ALEN JAKOB, President
Address: 301 174th Street Apt 610
Sunny Isles, FL 33160

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: CHAIM ALEN JAKOB

Address: 301 174th Street Apt 610

Sunny Isles, FL 33160

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*ARTICLE VII INCORPORATOR*

The name and address of the Incorporator is:

Name: CHAIM ALEN JAKOB

Address: 301 174th Street Apt 610

Sunny Isles, FL 33160

*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 business days prior or 90 business 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***

X Chaim Alen Jak 04/25/2022

Required Signature/Registered Agent 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.***

X Chaim Alen Jak 04/25/2022

Required Signature/Incorporator Date