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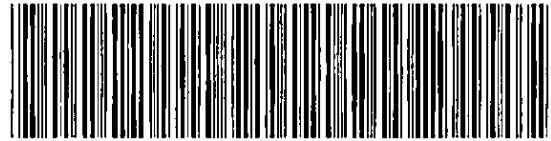
(Business Entity Name)

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DATE: 05/2/22

NAME: PROMISING DENTAL CARE PARKLAND CORP

TYPE OF FILING: ARTICLES

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A Hodge

COVER LETTER

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

PROMISING DENTAL CARE PARKLAND CORP

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: MILDRED COLLAZO
Name (Printed or typed)

5901 W HILLSBORO BOULEVARD # 5973

Address

PARKLAND FL 33067

City, State & Zip

(561) 294-4796

Daytime Telephone number

RAMON@VALERAACCOUNTING.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

PROMISING DENTAL CARE PARKLAND CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5901 W HILLSBORO BOULEVARD # 5973

PARKLAND FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DENTAL SERVICES

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SHELBY COUNTY, ALA
CLERK OF COURTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MILDRED COLLAZO - PRESIDENT Name and Title: _____

Address 5901 W HILLSBORO BOULEVARD # 5973 Address: _____
PARKLAND FL 33067 _____

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: MILDRED COLLAZO

Address: 5901 W HILLSBORO BOULEVARD # 5973

PARKLAND FL 33067

ARTICLE VII INCORPORATOR

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

Name: MILDRED COLLAZO

Address: 5901 W HILLSBORO BOULEVARD # 5973

PARKLAND FL 33067


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

4/25/2022
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.


Required Signature/Incorporator

4/25/2022
Date

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