

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

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ALPHA DENTAL DESIGNS MIAMI INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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CORPORATIONS  
 SPECIAL  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Alpha Dental Designs Miami Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2332 S.W 82 St  
Miami FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**BoBadiIla Patricia Maria (Director)  
Yaremi Vazquez (President)  
Dania Lima (President)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Dania Lima  
2332 S.W 82 St  
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Dania Lima  
2332 S.W 82 St  
Miami FL 33155

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**Required Signatures:**

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

*Dania Lerrisa* 6-1-22  
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.

*Dania Lerrisa* 6-1-22  
Incorporator Date

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