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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)			
Certified Copies	_ Certificate:	s of Status		
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TALLAHASSEE FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CLUB AFTER STATE					
CLUB ATLANTIS	DENTAL PA	<u> </u>	_		
					
				Art of Inc. File	
· · · · · · · · · · · · · · · · · · ·				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	_
				Trade/Service Mark	_
				Merger File	
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	
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				Cert. Copy	
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				Certificate of Good Standing	
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				Corp Record Search	_
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Signature			-	Fictitious Owner Search	22 JUL
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Requested by: SETH				UCC 1 or 3 File	
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Name	Date	Time		UCC 11 Retrieval	2
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COVER LETTER

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

SUBJECT: Clu	b Atlantis Dental, P.A.				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
□ \$70.00 Filing Fe	© □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Jonathan Steszewski, Esq.	(Printed or typed)			
	15100 NW 67th Ave., Suite 200				
	-	Address			
	Miami Lakes, FL 33014				
	City, State & Zip				
	305-631-2438				
	Daytime T	elephone number	·		
	Jonathan@steszewskimedina.com				
•	E-mail address: (to be used	for future annual report r	notification)		

NOTE: Please provide the original and one copy of the articles.

22 JUL 15 AH L. L.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINC	CIPAL OFFICE Principal <u>street</u> address	۸	Aailing address, if different is:
2555 Collins Ave., Sui	e C-3		
Miami Beach, FL 3314	10	-	
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is: The	purpose of this company is	s for a dental office.
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	stock is: 100		
he number of shares of	ES stock is: 100 L OFFICERS AND/OR DIRECTO Mayra M. Lopez, President	<u>RS</u>	
he number of shares of	stock is: 100 L OFFICERS AND/OR DIRECTO	<u>RS</u>	
The number of shares of IRTICLE V INITIA Name and Title	stock is: 100 L OFFICERS AND/OR DIRECTO Mayra M. Lopez, President	RS Name and Title:	
The number of shares of INITIA Name and Title	stock is: 100 L OFFICERS AND/OR DIRECTO Mayra M. Lopez, President 6791 W FLAGLER ST	RS Name and Title:	
The number of shares of IRTICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTO Mayra M. Lopez, President 6791 W FLAGLER ST MIAMI, FL 33144	RS Name and Title: Address:	
The number of shares of IRTICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTO Mayra M. Lopez, President 6791 W FLAGLER ST MIAMI, FL 33144	Name and Title: Address: Name and Title:	
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Address: Addres	Name a	nd Title:	Name and Title:	
tame: Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200	Address		Address:	
e name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200 Miami Lakes, FL 33014 Address: Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200 Miami Lakes, FL 33014 Address: Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200 Miami Lakes, FL 33014 Address: OPTIONAL) an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ng.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. wing been named as registered agent to accept service of process for the above stated corporation at the place designated in inficate. I am familiar with and accept the applicable statutory filing requirements, this date will not be listed document to effective date on the Department as registered agent and agree to act in this capacity. 7/15/22 Refunct. Signature/Registered Agent Date Date Address: Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200 Miami Lakes, FL 33014 (OPTIONAL) (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ng.) Address: (OPTIONAL) This date will not be listed document, service of process for the above stated corporation at the place designated in inficate. I am familiar with and accept the graphint and agree to act in this capacity. 7/15/22 Refunct. Signature/Registered Agent Date				
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the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200 Miami Lakes, FL 33014 RTICLE VII INCORPORATOR e name and address of the Incorporator is: Name: Jonathan Steszewski, Esq. Address: 15100 NW 67 Ave., Suite 200 Miami Lakes, FL 33014 ETICLE VIII EFFECTIVE DATE: fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ng.) deg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. Wing been named as registered agent to accept a reignificate. I am familiar with and accept the applicable statutory filing requirements, this date will not be listed advanced to the accept the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records. Wing been named as registered agent to accept arrive of process for the above stated corporation at the place designated in rificate. I am familiar with and accept the applicable statutory filing requirements, this date will not be listed advanced to the place designated in this capacity. 7/15/22 Repart Signature/Registered Agent Date Date 27/15/22 Date 17/15/22				
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Address: 15100 NW 67 Ave., Suite 200	e <u>name and a</u>	ddress of the Incorporator is:		
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