

To:

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2022-09-09 17:27:50 GMT

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From: Antonio Alonso, Esq.

9/9/22, 12:06 PM

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Account Number : I20160000045
Phone : (305)606-0399
Fax Number : (305)508-6364

S. CHATHAM

SEP 10 2022

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dr.j.mustelier@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Jessica Mustelier, DMD, P.A.

Certificate of Status	1
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COVER LETTER

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

SUBJECT: Jessica Mustelier, DMD, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
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ADDITIONAL COPY REQUIRED

FROM: Antonio Alonso, PLLC
Name (Printed or typed)

121 Alhambra Plaza, Suite 1500
Address

Coral Gables, FL 33134
City, State & Zip

305.606.0399
Daytime Telephone number

alonsoa@aapalaw.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 NAMEThe name of the corporation shall be Jessica Mustelier, DMD, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is

5861 SW 51stMiami, FL 33155**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct a lawful, ethical, profitable and sustainable business in order to ensure the corporation success and grow its value.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jessica Mustelier, President

Name and Title: _____

Address 5861 SW 51st

Address: _____

Miami, FL 33155

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 22 SEP -9 PM 3:01

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ROCKCHAR MANAGEMENT SERVICES LLCAddress: One SE Third Avenue, Suite 1100Miami, FL 33131**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Jessica MustelierAddress: 5861 SW 51stMiami, FL 33155FILED
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22 SEP -9 PM 3:01**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:*Hiram Ocariz

Hiram Ocariz (Sep 8, 2022 1:04 EDT)

Required Signature/Registered Agent

Sep 8, 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.[Signature]

Jessica Mustelier (Sep 8, 2022 14:49 EDT)

Required Signature/Incorporator

Sep 8, 2022

Date