

To:

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2022-10-03 18:42:44 GMT

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From: Alexander England

10/3/22, 2:39 PM

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
JN DENTAL P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

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D. O'KEEFE

OCT - 4 2022

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JN DENTAL P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address300 KINGS POINT DRIVE, APT. 1004SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

300 KINGS POINT DRIVE, APT. 1004SUNNY ISLES BEACH, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: DENTAL OFFICE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUSTIN NUS, PRESIDENTAddress: 300 KINGS POINT DRIVE, APT. 1004SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

| | |
|-----------------------|-----------------------|
| 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: JUSTIN NUS

Address: 300 KINGS POINT DRIVE, APT. 1004
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name: JUSTIN NUS

Address: 300 KINGS POINT DRIVE, APT. 1004
SUNNY ISLES BEACH, FL 33160

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 TALLAHASSEE, FLORIDA

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

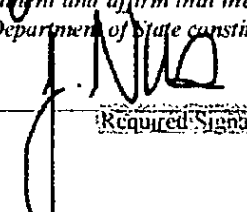


 Required Signature/Registered Agent

9/16/2022

 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

9/16/2022

 Date

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