

**Electronic Articles of Incorporation  
For**

P22000078213  
FILED  
September 23, 2022  
Sec. Of State  
jafason

FAMILIAR DENTISTRY, P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

FAMILIAR DENTISTRY, P.A.

**Article II**

The principal place of business address:

14040 DANPARK LOOP  
FORT MYERS, FL. 33912

The mailing address of the corporation is:

14040 DANPARK LOOP  
FORT MYERS, FL. 33912

**Article III**

The purpose for which this corporation is organized is:

THE CORPORATE PURPOSE IS TO PROVIDE DENTISTRY SERVICES

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

PALM BEACH LAW GROUP, P.A.  
9120 EQUUS CIRCLE  
OFC  
BOYNTON BEACH, FL. 33472

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JASON KAPLAN ESQ.

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## **Article VI**

The name and address of the incorporator is:

JOHN STROHSAH, ESQ.  
9120 EQUUS CIRCLE  
OFC  
BOYNTON BEACH FL 33472

Electronic Signature of Incorporator: JOHN STROHSAHL

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
DR. RAFAEL MARTINEZ  
14040 DANPARK LOOP  
FORT MYERS, FL. 33912

P22000078213

DR. RAFAEL MARTINEZ

14040 Danpark Loop

Fort Myers, FL 33912

dentalralph@gmail.com

September 27, 2022

New Filing Section - Attn: Jessica Fason  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: FAMILIAR DENTISTRY, P.A. / Document No. W22000122454  
Tracking Number: 300395021713 / Pin Number: 1713

Ms. Fason:

I am in receipt of your email, dated September 27, 2022, sent in response to my filing of Articles of Incorporation for the above-referenced corporation.<sup>1</sup> In your email, you state that "[t]he name designated in [the articles of incorporation] is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity." The entity you are referring to—with Document No. L22000324873—is Familiar Dentistry, LLC, which I formed on July 22, 2022. I own 100% of the membership interest of Familiar Dentistry, LLC and my wife—Marianela Martinez Hernandez—who doesn't own any part of Familiar Dentistry, LLC, is listed as a manager. Below is a short affidavit from me authorizing the use of the name "Familiar Dentistry, PA."

STATE OF FLORIDA )

COUNTY OF Miami-Dade )

On this day, before me, the undersigned authority, Dr. Rafael Martinez personally appeared and, upon being first duly sworn, deposes and says:

1. I am the sole owner of Familiar Dentistry, LLC and I have complete control of this company.

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<sup>1</sup> A copy of your email is enclosed herein for reference.

2. On behalf of Familiar Dentistry, LLC, I hereby consent to and authorize the use of the name "Familiar Dentistry, P.A." for the creation of a new corporation as described in Document No. W22000122454.

3. Familiar Dentistry, P.A. will, like Familiar Dentistry, LLC, also be owned 100% by me.

4. Please allow the Articles of Incorporation for Familiar Dentistry, P.A. to be filed and accepted by the Division of Corporations.

FUTHER AFFIANT SAYETH NAUGHT.

  
\_\_\_\_\_  
Dr. Rafael Martinez, individually and  
on behalf of Familiar Dentistry, LLC

STATE OF FLORIDA

COUNTY OF Miami-Dade

I HEREBY CERTIFY that on this day, before me, in the State and County aforesaid, the foregoing instrument was executed and acknowledged before me by means of X physical presence or \_\_\_\_\_ online notarization, by DR. RAFAEL MARTINEZ, who does so freely and voluntarily. He is \_\_\_\_\_ personally known to me or X has produced FL DL # M435-732-90-347-C as identification.

WITNESS by hand and official seal in the location set forth above this 30<sup>th</sup> day of September, 2022.

  
\_\_\_\_\_  
Notary Public



ARACELIS CHAMORRO  
Commission # HH 183782  
Expires October 18, 2025  
Bonded Thru Budget Notary Services

Print Name: Aracelis Chamorro

My Commission Expires: 10/18/25