

P23 000004718

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000025466 3)))



H230000254663ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EVOLUTION DENTAL EDUCATION & CONSULTING CORPORATION**

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

2023 JAN 20 PM 2:50

2023

Electronic Filing Menu

Corporate Filing Menu

Help

2023 JAN 20 PM 2:50

2023 JAN 20 PM 2:50

2023

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:EVOLUTION DENTAL EDUCATION & CONSULTING CORPORATION**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

PRINCIPAL 4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140MAILING 4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140**ARTICLE III SHARES:** The number of shares of stock is: 1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PRESIDENT / RAFFAELE PISANO UHRI4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140VICE PRESIDENT / MARIA DEL PILAR J RIOS CALVO10770 NW 66 VA ST #312 DORAL FL 33178**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


RAFFAELE PISANO UHRI4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:RAFFAELE PISANO UHRI4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140

2023 JAN 20 PM 2:50

FILED

**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

  
Registered Agent

01/19/2023

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.**

  
Incorporator

01/19/2023

Date \_\_\_\_\_

2023 JUN 20 PM 2:50