

P23000009866

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

From: Account Name : TRAMILEX LLC
Account Number : 120150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

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

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION ARTURDENTAL CORP

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COVER LETTER

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

SUBJECT: ARTURDENTAL CORP

(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
 Filing Fee

☐ \$78.75
 Filing Fee
 & Certificate of Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LOUDNAIS C CALZADO VARELA

Name (Printed or typed)

245 NE 14th ST APT 2301

Address

MIAMI, FL 33132

City, State & Zip

(305)542-2434

Daytime Telephone number

carlacalzado@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
 TALLAHASSEE, FL 32304

23 FEB 07 PM 1:09

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 NAME ARTURDENTAL CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
245 NE 14th ST APT 2301
MIAMI, FL 33132

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUDNAIS C. CALZADO VARELA, P
Address: 245 NE 14th ST APT 2301
MIAMI, FL 33132

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: LOUDNAIS C. CALZADO VARELAAddress: 245 NE 14th ST APT 2301MIAMI, FL 33132**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LOUDNAIS C. CALZADO VARELAAddress: 245 NE 14th ST APT 2301MIAMI, FL 33132**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02/04/2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 business 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**V. Renteria*
Required Signature/Registered Agent02/04/2023
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.**V. Renteria*
Required Signature/Incorporator02/04/2023
Date