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FLORIDA PROFIT/NON PROFIT CORPORATION

JOHANA COBO, D.D.S., P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: JOHANA COBO, D.D.S., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
840 SW 154TH PATH
MIAMI, FL 33194

Mailing address, if different is:
840 SW 154TH PATH
MIAMI, FL 33194

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROVIDE ROUTINE AND NON-ROUTINE CORRECTIVE AND PREVENTIVE DENTAL CARE TO PATIENTS.

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHANA COBO / P.S.T.
Address: 840 SW 154TH PATH
MIAMI, FL 33194

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHANA COBO

Address: 840 SW 154TH PATH

MIAMI, FL 33194

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHANA COBO

Address: 840 SW 154TH PATH

MIAMI, FL 33194

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.

_____ 03/23/2023

Required Signature/Registered Agent 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.

_____ 03/23/2023

Required Signature/Incorporator Date

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