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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TESORO SMILE DENTAL ART INC

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

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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 TESORO SMILE DENTAL ART INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: ~~19030 NW 10th Street~~ Pembroke Pines Florida 33029

Mailing address, if different is: ~~19030 NW 10th Street~~ Pembroke Pines FL 33029

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Dental office

ARTICLE IV SHARES
The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ludmila Tesoro — Name and Title: PRESIDENT SECRETARY

Address: 19030 NW 10th Street, Pembroke Pines, Florida 33029 — Address

Name and Title: — Name and Title:

Address — Address

Name and Title: — Name and Title:

Address — Address:

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TALLAHASSEE, FLORIDA

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 Ludmila Tesoro

Address 19030 NW 10th Street
Pembroke Pines Florida 33029

ARTICLE VII INCORPORATOR

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

Name Ludmila Tesoro

Address 19030 NW 10TH STREET
PEMBROKE PINES
FL 33029

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

_____ 04/06/2023
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.

_____ 04/06/2023
Required Signature/Incorporator Date

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