

P23000027295

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.

(((H23000133484 3)))



H230001334843A3C

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

RECEIVED
2023 APR 10 PM 3:33
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
JULIO C. DE LOS RIOS, D.M.D., P.A.

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

2023 APR 10 AM 4:09
TALLAHASSEE
FLORIDA

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: JULIO C. DE LOS RIOS, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1275 BEACON CIRCLE
WELLINGTON, FL 33414

Mailing address, if different is:
1275 BEACON CIRCLE
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PRACTICE IN DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIO C. DE LOS RIOS - P Name and Title: _____
Address 1275 BEACON CIRCLE Address: _____
WELLINGTON, FL 33414 _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

2023 APR 10 AM 4:09
TALLAHASSEE
FL
CORP.

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: JULIO C. DE LOS RIOS

Address: 1275 BEACON CIRCLE

WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JULIO C. DE LOS RIOS

Address: 1275 BEACON CIRCLE

WELLINGTON, FL 33414

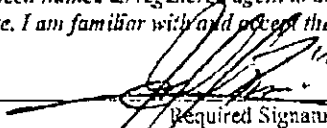
ARTICLE VIII EFFECTIVE DATE:

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.)

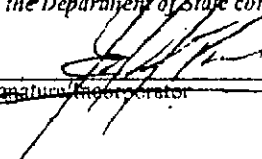
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



Required Signature/Registered Agent

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.



Required Signature/Incorporator

FILED
2023 APR 10
4:09 PM '23
Date
APR 10 4:09 PM '23
Date