

To:

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2023-04-10 16:56:04 GMT

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From: Yanet Avila

P23000027295

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

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Help

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: \_\_\_\_\_

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100111

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.

[Signature]  
Required Signature/Registered Agent

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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.

[Signature]  
Required Signature/Incorporator

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