## P230000 35592

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PICK-UP	WAIT	MAIL
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Instructions to Filing (	Officer.	





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DAO-NGUYEN DI	MD, PA		<del>-</del> -
Please Debit 120000	000257 For: <sup>7</sup>	0	
Thank you Seth Nee	lev		
1-4-1			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			An, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Phuto Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
	2/		Fictitious Search
Signature	·		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	05/03		UCC 1 or 3 File
	<del> </del>		UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In	Will Pick U	o	Courier

## **COVER LETTER**

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

SUBJECT: Da	o-Nguyen DMD, PA		
SOBJECT.	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	d a check for:
□ \$70.0 Filing Fe		□ \$78.75 Filing Fce & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	Jonathan Steszewski, Esq.	me (Printed or typed)	
	15100 NW 67th Ave., Suite 200		
	Miami Lakes, FL 33014	Address	
	Cit	y, State & Zip	
	305-631-2438		
	Daytime	Telephone number	· · · · · · · · · · · · · · · · · · ·
	Jonathan@steszewskilaw.com		
-	E-mail address: (to be us	sed for future annual report r	otification)

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)

LE II PRIN	CIPAL OFFICE Principal street address	Mailing addre	ess, if different is:
Zori Lane			. ,
rmere, Florida :	34786		
LE III PURP pose for which	OSE the corporation is organized is: The p		
			<del></del>
		-	
LE IV SHAR nber of shares of	stock is: 100		
nber of shares of	stock is: 100  AL OFFICERS AND/OR DIRECTOR		
nber of shares of	stock is: 100  AL OFFICERS AND/OR DIRECTOR e: Anna Dao DMD, President	<u>S</u> Name and Title:	
nber of shares of LE V INITL Name and Titl	stock is: 100  AL OFFICERS AND/OR DIRECTOR e: Anna Dao DMD, President	<u>S</u> Name and Title:	
nber of shares of LE V INITIA Name and Titl Address	stock is: 100  AL OFFICERS AND/OR DIRECTOR  e: Anna Dao DMD, President  13133 Zori Lane  Windermere, Florida 34786	S Name and Title: Address:	
nber of shares of  LE V INITE  Name and Titl  Address  Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTOR  E: Anna Dao DMD, President  13133 Zori Lane  Windermere, Florida 34786	Name and Title:   Address:   Name and Title:   Name	
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Name and Title Address Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTOR e: Anna Dao DMD, President 13133 Zori Lane  Windermere, Florida 34786	Name and Title:     Address:     Name and Title:     Address:     Name and Title:	

Name: Jonathan Steszewski, Esq.  Address: Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014   RTICLE VIII EFFECTIVE DATE: (ffective date, if other than the date of filing:	RTICLE VII REGISTERED AGENT  he name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Jonathan Steszewski, Esq.  Address:  15100 NW 67 Avc., Suite 200  Miami Lakes, FL 33014  RTICLE VII INCORPORATOR  he name and address of the Incorporator is:  Name:  Jonathan Steszewski, Esq.  Address:  15100 NW 67 Avc., Suite 200  Miami Lakes, FL 33014  RTICLE VIII EFFECTIVE DATE:  flective date, if other than the date of filing:  (OPTIONAL)  f an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the line.)  otte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to document's effective date on the Department of State's records.  Joing been named as regispered agent in accept service of process for the above stated corporation at the place designated in striffcate, I am familian with und ofcept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  Submit this document and affirph that the facts stated herein are true. I am aware that the false information submitted neument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  5/03/23	Name a	ind Title:	Name and Title:	<del></del> _
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014  RTICLE VII INCORPORATOR  the name and address of the Incorporator is:  Name:  Jonathan Steszewski, Esq.  Address:  Jonathan Steszewski, Esq.  (OPTIONAL)  f an effective date, if other than the date of filing:  for effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ling.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e document's effective date on the Department of State's records.  aving been named as registered agent to accept service of process for the above stated corporation at the place designated in the rifficate, I am familian with and accept the appointment as registered agent and agree to act in this capacity  S/03/23  Required Signature/Registered Agent  Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in coment to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014   RTICLE VII INCORPORATOR  the name and address of the Incorporator is:  Name: Jonathan Steszewski, Esq.  Address: 15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014   RTICLE VIII EFFECTIVE DATE: Tective date, if other than the date of filing: (OPTIONAL)  f an effective date, if other than the date must be specific and cannot be more than five days prior or 90 days after the ling.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to edocument's effective date on the Department of State's records.  aving been named as registered agent to accept service of process for the above stated corporation at the place designated in rulficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Signature/Registered Agent Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted coment to the Department of Mate constitutes a third degree felony as provided for in s.817.155, F.S.  5/03/23	Addres	SS	Address:	
Address:    Jonathan Steszewski, Esq.	Address:    Jonathan Steszewski, Esq.			hie) of the registered agent is:	
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		submit this do ocument to the	cument and affirm that the facts stated herei.	n are true. I am aware that th	e false information submitted in
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