

P23000037637

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

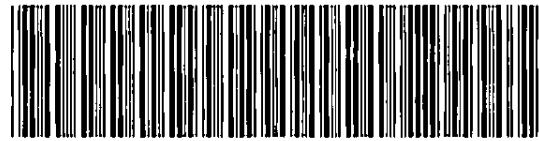
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CAPITAL CONNECTION, INC.

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

A.Y. YAZBACK, D.M.D., P.A.

Please Debit 120000000257 For: 70

Thank you Seth Neeley



Signature

Requested by: SETH 05/11

Name Date Time

Walk-In Will Pick Up

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A.Y. YAZBACK, D.M.D., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JONATHAN LEVINE, ESQ.
Name (Printed or typed)
951 YAMATO ROAD, SUITE 250
Address
BOCA RATON, FLORIDA 33431
City, State & Zip
(561) 994-5956
Daytime Telephone number
AYAZBACK@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

A.Y. YAZBACK, D.M.D., P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

16161 SW 42ND TERRACE

MIAMI, FLORIDA 33185

Mailing address, if different is:

SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A DENTAL PRACTICE PROVIDING SERVICES TO PATIENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALI YAZBACK, D.M.D. (P.S.T.D)

Name and Title: _____

Address 16161 SW 42ND TERRACE
MIAMI, FLORIDA 33185

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRET

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: GALVAN MESSICK, PLLC
Address: 951 YAMATO ROAD, SUITE 250
BOCA RATON, FLORIDA 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. ALI YAZBACK
Address: 16161 SW 42ND TERRACE
MIAMI, FLORIDA 33185

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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

5/10/2023
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

5/10/23
Date