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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:				

FLORIDA PROFIT/NON PROFIT CORPORATION SAMAR DENTAL, INC

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

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Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SAMAR DENTAL, INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 2855 NW 112th Ave #3 DORAL, Slovida 33172
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
RAFAEL OCTAVIO MORAIES
SECNETIAN PRINTSEE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Rafael octavio Morales
Doral Florida 33172
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: RAFACI OCIAVIO HOGIES
2855 NW 112th Ave #3
Doral Florida 33172

-- :Age

Required Signatures:

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

Registered Agent 06/02/2023

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.

06 02 2023

Incerporator

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SECKETARY OF STATE