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**P230000047419**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : I20200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: info@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
OPA-LOKA DENTAL MANAGEMENT CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

# COVER LETTER

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

**SUBJECT:** OPA-LOKA DENTAL MANAGEMENT CORP  
(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 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

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

STATE COPY OF  
TALLAHASSEE FL

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FROM: PURA M ESPIN  
Name (Printed or typed)

3085 SW 148TH AVE  
Address

MIAMI, FL 33185  
City, State & Zip

786-575-1237  
Daytime Telephone number

info1@lamadridfinancial.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**

The name of the corporation shall be: OPA-LOKA DENTAL MANAGEMENT CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7900 NW 27 AVE SUITE E-238  
MIAMI, FL 33147

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FILIBERTO J HERDOCIA - PRESIDENT

Address: 7900 NW 27 AVE SUITE E-238  
MIAMI, FL 33147

Name and Title: PURA M ESPIN - TREASURY

Address: 3085 SW 148TH AVE  
MIAMI, FL 33185

Name and Title: MARGITT E CANAAN - SECRETARY

Address: 3085 SW 148TH AVE  
MIAMI, FL 33185

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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 TALLAHASSEE, FL

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: Lamadrid Financial Services Corp  
 Address: 10154 W Flagler Street  
MIAMI FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PURA M ESPIN  
 Address: 3085 SW 148TH AVE  
MIAMI, FL 33185

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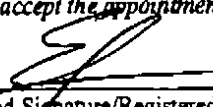
**ARTICLE VIII EFFECTIVE DATE:**

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.

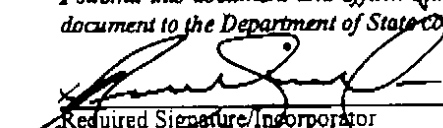
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

06/21/2023

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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

06/21/2023

Date