

P23000060932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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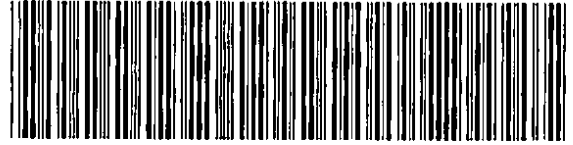
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 8/18

**XX CERTIFIED COPY**

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**INC**

**1. DENTAL PROS CORP**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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: DENTAL PROS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1949 Maravilla Ave  
Fort Myers, FL 33901

Mailing address, if different is

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail medical devices and equipment.

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: Juan Castellanos, President

Address: 5123 SW 18 AV  
Cape Coral, FL 33914

Name and Title: James Lerario, Vice President

Address: 1313 Clementine Court  
Sarasota, FL 32420

Name and Title: Juan Castellanos, Director

Address: 5123 SW 18 AV  
Cape Coral, FL 33914

Name and Title: James Lerario, Director

Address: 1313 Clementine Court  
Sarasota, FL 32420

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

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

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

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

2023 / 03 / 16 PM 4:15

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: James Lerario  
Address: 1949 Maravilla Ave  
Fort Myers, FL 33901

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amanda J. Beren  
Address: 31416 Agoura Rd Suite 118  
Westlake Village, CA 91361

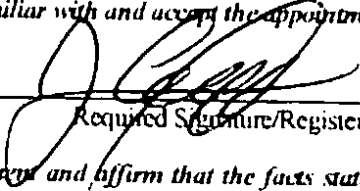
**ARTICLE VIII EFFECTIVE DATE:**

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

08/14/2023  
\_\_\_\_\_  
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

8/14/2023  
\_\_\_\_\_  
Date

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