

P230000 69687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

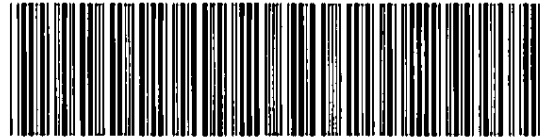
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100416137601

FILED

2023 SEP 27 PM 4:12

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

PROCESSED

2023 SEP 27 AM 11:01

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/27/2023

Name: Jennifer

Reference #: 2129285

Entity Name: COMPLETE SLEEP DENTISTRY P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: 70.00

Signature: 

## COVER LETTER

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

SUBJECT: Complete Sleep Dentistry, 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: Andres Moran  
Name (Printed or typed)  
37 Kilmer Rd  
Address  
Larchmont, NY 10538  
City, State & Zip  
305-799-6184  
Daytime Telephone number  
dremoran8@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**

The name of the corporation shall be: Complete Sleep Dentistry, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
37 Kilmer Rd

Mailing address, if different is:

Larchmont, NY 10538

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Andres Moran, CEO

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

Address 37 Kilmer Rd

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

Larchmont, NY 10538

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2023 SEP 27 PM 4:12  
CLERK OF DISTRICT COURT  
HALL COUNTY, FLORIDA

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: \_\_\_\_\_ Cogency Global Inc.

Address: \_\_\_\_\_ 115 North Calhoun Street, Suite 4

\_\_\_\_\_ Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: \_\_\_\_\_ Andres Moran

Address: \_\_\_\_\_ 37 Kilmer Rd

\_\_\_\_\_ Larchmont, NY 10538

**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*

\_\_\_\_\_  
Lauren Thorne Assistant Secretary  
Required Signature/Registered Agent

\_\_\_\_\_  
09-27-2023  
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

DocuSigned by:

Andres Moran

EF75AC41A1574B2

\_\_\_\_\_  
9/26/2023

\_\_\_\_\_  
Date