## P23000081750

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## CAPITAL CONNECTION, INC.

17 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 350) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

zewski Lav	v Sarasota, PA		<del></del>   - <del>-</del>
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ınk you Seth	Neeley		
Stay	/		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
			Corp Record Search
			Officer Search
//			Fictitious Search
	<i>Eg/</i>		Fictitious Owner Search
nature			Vehicle Search
			— Driving Record
quested by:			UCC 1 or 3 File
			UCC 11 Search
me	Date	Time	UCC 11 Retrieval
lk-In	Will Pick	k Up	Courier

## **COVER LETTER**

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

SUBJECT:	szewski Law Sarasota, PA				
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	i a check for:		
□ \$70.00 Filing Fe	·	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PPY REQUIRED		
FROM:	Jonathan Steszewski, Esq.  Name (Printed or typed)				
_	15100 NW 67th Ave., Suite 200				
	Address Miami Lakes, FL 33014				
•	City, State & Zip				
	305-631-2438				
	Daytime	Telephone number			
,	Jonathan@steszewskilaw.com				
_	E-mail address: (to be us	sed for future annual report i	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)

	IPAL OFFICE	) de la	
4TH ST. SUITE 2	Principal <u>street</u> address		ling address, if different is: 7 Ave., Suite 200
ARASOTA, FLORIDA 34237		Miami Lakes	. FL 33014
CLE III PURPO urpose for which the	he corporation is organized is: The pu	pose of this company is fo	or a dental office.
<del></del>		<del> </del>	
<u>CLE V INITIA</u>	L <u>OFFICERS AND/OR DIRECTORS</u>		
· · · · · ·	<i>L OFFICERS AND/OR DIRECTORS</i> Jonathan Steszewski, Esq.		
Name and Title		Name and Title:	
	Jonathan Steszewski, Esq.		
Name and Title	Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200	Name and Title:	
Name and Title	Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200	Name and Title:	
Name and Title	Jonathan Steszewski, Esq. 15100 NW 67 Ave., Suite 200	Name and Title: Address:	
Name and Title Address Name and Title:	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title:  Address:  Name and Title:	
Name and Title Address Name and Title:	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title:  Address:  Name and Title:  Address:  Address:	
Name and Title Address  Name and Title:	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title: Address: Name and Title: Address:	
Name and Title Address  Name and Title: Address	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title: Address: Name and Title: Address:	
Name and Title Address  Name and Title: Address	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title: Address: Name and Title: Address:	
Name and Title Address  Name and Title: Address	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	
Name and Title: Address  Name and Title: Address	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title:  Address:  Name and Title:  Address:  Address:  Address:  Address:	2020
Name and Title: Address  Name and Title: Address	Jonathan Steszewski, Esq.  15100 NW 67 Ave., Suite 200  Miami Lakes, FL 33014	Name and Title:  Address:  Name and Title:  Address:  Address:  Address:  Address:	202

Name a	nd Title:	Name and Title:		
Address		Address:		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	skte) of the registered growt in		
Name:	Jonathan Steszewski, Esq.	iore) of the registered agent is.		
Address:	15100 NW 67 Ave., Suite 200			
	Miami Lakes, FL 33014			
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	Jonathan Steszewski, Esq.			
Address:	15100 NW 67 Ave., Suite 200			
	Miami Lakes, FL 33014			
Effective date, it	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the		
Note: If the dat	e inserted in this block does not meet the appeter of State's refective date on the Department of State's refective date.	licable statutory filing requirements, this date will not be listed a cords.		
		ocess for the above stated corporation at the place designated in the registered agent and agree to act in this capacity		
Jonatha	an Steozewohi	11/27/23		
	Required Signature/Registered Age			
	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted in efelony as provided for in s.817.155, F.S.		
Jonathan S	Stes zewski	11/27/23		
Required Signat	ure/Incorporator	Date		