

# P23000085723

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000426453 3)))



H230004264533ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASI  
Account Number : 120220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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 Dental Specialist Management Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 DEC 14 PM 2:05

2023 DEC 14 PM 8:19

FILED

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

NS

20

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Dental Specialist Management Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7950 Biscayne Point Circle

7950 Biscayne Point Circle

Miami Beach, FL 33141

Miami Beach, FL 33141

**ARTICLE III PURPOSE**

Dental Practice Management Services

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100 with .01 par value

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Harrison Chen -President

Name and Title: Ivona Chen -VP and Corporate Secretary

Address 7950 Biscayne Point Circle

Address: 7950 Biscayne Point Circle

Miami Beach FL 33141

Miami Beach FL 33141

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
 2023 DEC 14 PM 8:19  
 CLERK OF DISTRICT COURT  
 MIAMI BEACH 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: Ivona ChenAddress: 7950 Biscayne Point CircleMiami Beach FL 33141**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Ivona ChenAddress: 7950 Biscayne Point CircleMiami Beach FL 33141**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.**Ivona Chen*  
\_\_\_\_\_  
Required Signature/Registered Agent12/13/2023  
\_\_\_\_\_  
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.**Ivona Chen*  
\_\_\_\_\_  
Required Signature/Incorporator12/13/2023  
\_\_\_\_\_  
DateFILED  
2023 DEC 14 PM 8:19  
STATE OF FLORIDA  
CLERK OF THE COURT