

P24000011579
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 : COMPUTERSHARE
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Phone : (561)694-8107
Fax Number : (561)214-8442

****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 Pearl Restorative & Cosmetic Dentistry PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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 Pearl Restorative & Cosmetic Dentistry PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14771 Biscayne Blvd
North Miami Beach, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To render the services of dentistry, by and through Florida licensed dental clinicians, and
to provide all other products and services incident thereto.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARI LEVINE

Name and Title: _____

Address President

Address: _____

14771 Biscayne Blvd

North Miami Beach, FL 33181

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ARI LEVINE

Address: 14771 Biscayne Blvd
North Miami Beach, FL 33181

ARTICLE VII INCORPORATOR

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

Name: ARI LEVINE

Address: 14771 Biscayne Blvd
North Miami Beach, FL 33181

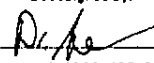
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/13/2024 (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.

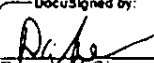
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DocuSigned by:

8A5C3BCC7CDB475

Required Signature/Registered Agent

2/13/2024
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.

DocuSigned by:

8A5C3BCC7CDB475

Required Signature/Incorporator

2/13/2024
Date

2024

6:5

AL