

P24000018505

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.

((H24000098576 3)))



H240000985763ABC8

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 : ACOSTA ESTEVEZ PROFESSIONAL SERVICES
Account Number : I20230000138
Phone : (305)592-5240
Fax Number : (305)592-5535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: acostaestevzacct@gmail.com

2024 MAR 14 AM 9:02

FLORIDA PROFIT/NON PROFIT CORPORATION

SUSEL ALVAREZ FLEITES DMD P.A

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAR 14 PM 1:11

FILED

T.S.H.

3/15/24

H 240000985763

COVER LETTER

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

SUBJECT: SUSEL ALVAREZ FLEITES DMD 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
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED**

FROM: ACOSTA ESTEVEZ
Name (Printed or typed)

7500 NW 25TH ST STE 111
Address

MIAMI, FL 33122
City, State & Zip

305-592-5240
Daytime Telephone number

acostaestevezacct@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 PM 1:11

FILED

From:

To:8506176381

03/13/2024 08:06

#309 P.005

H240000985763

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: SUSEL ALVAREZ FLEITES DMD P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address
16175 SW 86TH TER

Mailing address, if different is:

MIAMI, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DENTAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUSEL ALVAREZ FLEITES - P

Name and Title: _____

Address 16175 SW 86TH TER

Address: _____

MIAMI, FL 33193

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 09 11 11

FILED

H 240000 98 5763

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SUSEL ALVAREZ FLEITES
 Address: 16175 SW 86TH TER
MIAMI, FL 33193

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SUSEL ALVAREZ FLEITES
 Address: 16175 SW 86TH TER
MIAMI, FL 33193

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/13/2024 (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*

Susel Alvarez 3-13-24
 Required Signature/Registered Agent 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.

Susel Alvarez 3-13-24
 Required Signature/Incorporator Date

FILED
 MAR 11 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA