

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NBI FINANCIAL ACCOUNTING & TAX
Account Number : I20180000059
Phone : (786)253-1890
Fax Number : (305)397-1861

****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
Gonzalez Dental Corp.

Certificate of Status	0
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Corporate Filing Menu

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2024 MAY -3 PM 3:41
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FILED
2024 MAY -3 AM 9:13
RE
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Gonzalez Dental Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address
13063 SW 150th Terr

Mailing address, if different is:

Miami, FL 33186**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All lawful Business transactions.**ARTICLE IV SHARES**

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Alejandro M Gonzalez, President

Name and Title: _____

Address 13063 SW 150th Terr

Address: _____

Miami, FL 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: NBI Financial Services, PA

Address: 9010 SW 137th Ave Suite 237

Miami, FL 33186

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NBI Financial Services, PA

Address: 9010 SW 137th Ave Suite 237

Miami, FL 33186

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.

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

Natalia L. [Signature]

Required Signature/Registered Agent

05/03/2024

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.

Natalia L. [Signature]

Required Signature/Incorporator

05/03/2024

Date

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SECRETARY OF STATE

TALLAHASSEE, FL