



ACCOUNT NO. : 072100000032

REFERENCE : 629382 1056I

AUTHORIZATION :

*Patricia P. Pitt*

COST LIMIT : • 70.00

ORDER DATE : June 29, 1995

ORDER TIME : 3:40 PM

ORDER NO. : 629382

CUSTOMER NO: 1056I

CUSTOMER: John Pantin, Esq  
BAKER & MCKENZIE

Suite 1600  
701 Brickell Avenue  
Miami, FL 33131

*ADD FILE  
DATE OF  
6-29-95*

100001527731

DOMESTIC FILING

NAME: ADOLFO H. ALVARADO, D.D.S.,  
P.A.

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
JUN 29 PM 12:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

T. BROWN JUN 30 1995

**ARTICLES OF INCORPORATION**

**of**

**ADOLFO H. ALVARADO, D.D.S., P.A.**

**FILED**  
**95 JUN 29 PM 12:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FIRST:** The name of this Corporation is **ADOLFO H. ALVARADO, D.D.S., P.A.**

**SECOND:** The general nature of the business to be transacted by the Corporation is:

(a) To engage in every phase and aspect of the business of rendering the same professional services to the public that a Doctor of Dentistry, duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through officers, employees and agents who are duly licensed under the laws of the State of Florida to be Doctors of Dentistry.

(b) To do everything necessary and proper for the accomplishment of any of the purposes or the attaining of any of the objects or the furtherance of any other purposes enumerated in theses Articles of Incorporation, or any amendments thereof, necessary or incidental to the protection and benefit of the Corporation and in general, either alone or in association with other corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes or the attainment of the objects or the furtherance of such purposes or objects of the Corporation.

(c) This Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under Chapter 621 of the Florida Statutes.

The foregoing paragraphs shall be construed as enumerating both objects and purposes of the Corporation; and it is hereby expressly provided that the foregoing enumeration of

specific purposes should not be held to limit or restrict in any manner the purposes of the Corporation otherwise permitted by law.

**THIRD:** This Corporation is authorized to issue one thousand (1,000) shares of common stock, par value One Dollar (\$1.00) per share.

**FOURTH:** The street address of the initial principal office of this Corporation which shall also serve as the initial registered office is: 12155 Biscayne Boulevard, Suite AA, North Miami, Florida 33181, and the name of the initial registered agent of this Corporation at that address is: Adolfo H. Alvarado, D.D.S. This Corporation reserves the privilege of having its offices and branch offices at other places within the State of Florida.

**FIFTH:** This Corporation shall have one (1) Director initially and the number of Directors may be increased or diminished from time to time as provided in the Bylaws, but shall never be less than one. The name and address of the initial Director of this Corporation is: Adolfo H. Alvarado, D.D.S., 12155 Biscayne Boulevard, Suite AA, North Miami, Florida 33181.

**SIXTH:** The name and address of the incorporator of this Corporation is Adolfo H. Alvarado, D.D.S., 12155 Biscayne Boulevard, Suite AA, North Miami, Florida 33181.


IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 29th day of June, 1995.

  
\_\_\_\_\_  
ADOLFO H. ALVARADO, D.D.S.  
Incorporator

STATE OF FLORIDA     )  
                                  ) ss.  
COUNTY OF DADE     )

Before me, a Notary Public authorized to take acknowledgements in the State and County Seat above, personally appeared ADOLFO H. ALVARADO, D.D.S., known to me and known by me as the person who executed the foregoing Articles of Incorporation, and ADOLFO H. ALVARADO, D.D.S., acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 29th day of June, 1995.

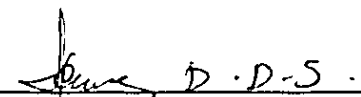
 Olga I Reinoso  
NOTARY PUBLIC, State of  
My Comm Exp 8/5/95 Florida at Large  
BONDED

My Commission Expires: \_\_\_\_\_

☒ Personally known to me, or  
☒ Produced identification: Drivers' License  
\_\_\_\_\_ DID take an oath, or \_\_\_\_\_ DID NOT take an oath.

ACCEPTANCE OF APPOINTMENT  
OF REGISTERED AGENT

The undersigned, who is familiar with and accepts the obligations provided for in Section 607.0505, Florida Statutes, hereby accepts the appointment as Registered Agent contained in the foregoing Articles of Incorporation.

  
ADOLFO H. ALVARADO, D.D.S.  
DATE: 06-28-95

10/25/1996 16:31

9042221222

CAPITAL CONNECTION

PAGE 01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 OCT 28 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000051181

1. Corporation Name

ADOLFO H. ALVARADO, D.D.S., P.A.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

14824 NW 7th Ave.

3. New Mailing Address, if Applicable

12000 BISCAYNE BLVD.

4. Date Incorporated or Qualified To Do Business in Florida

JUNE 29, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 108

5. FEI Number

650510021

Applied For

Not Applicable

City, State

Miami, FL

City, State

MIAMI, FL

Zip

33168

Country USA

Zip

33181

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DIR	ALEXANDER BUCHWALD	15810 W. STATE ROAD #84	SUNRISE, FL 33326
			400001989844 -- U
			--10/30/96--01017--U 6
			***1918.75 ***3318.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

PAULO DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)

12000 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 108

City

MIAMI

State

Zip Code

FL

33181

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/25/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 637, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 609.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alexander Buchwald

DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #