# 500000626/

### 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 : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 : (954)842-2936 Fax Number

\*\*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 FALCON DENTAL LAB, CORP.

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

#### **COVER LETTER**

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

SUBJECT:	FALCON DENTAL LAB, CORP.			
30b0EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	LEVON STAMBOLTSYA Nam	aN e (Printed or typed)		
	140 S DIXIE HWY UNIT	701		
		Address		
	HOLLYWOOD, FL 330	20		
	City	, State & Zip		
	(754) 275-1002			
	Daytime	Telephone number		
	LEOKUMINOV@GMAI	L.COM		
	E-mail address: (to be use	ed for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

T T M D

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

P	PAL OFFICE Principal street address	Mailing a	Mailing address, if different is:	
140 S DIXIE HWY UNIT 701 HOLLYWOOD, FL 33020		140 S DLXI	140 S DIXIE HWY UNIT 701	
		HOLLYWOOD, FL 33020		
TICLE III PURPOS e purpose for which the	<u>SE</u> e corporation is organized is:			
ANY AND AL	L LAWFUL BUSINESS			
	S tock is:100			
Name and Title:	ETAMBOLTOVANI LEVONI D	At a consideration		
	STAMBOLTSYAN, LEVON - P	Name and Title:		
	140 S DIXIE HWY UNIT 701			
		Address:		
	140 S DIXIE HWY UNIT 701	Address:		
	140 S DIXIE HWY UNIT 701  HOLLYWOOD, FL 33020  KUMINOVA, YELENA - VP	Address:		
Address _	140 S DIXIE HWY UNIT 701  HOLLYWOOD, FL 33020  KUMINOVA, YELENA - VP	Address:		
Address	140 S DIXIE HWY UNIT 701 HOLLYWOOD, FL 33020 KUMINOVA, YELENA - VP	Address:		
Address	140 S DIXIE HWY UNIT 701 HOLLYWOOD, FL 33020 KUMINOVA, YELENA - VP	Address:		
Address	140 S DIXIE HWY UNIT 701  HOLLYWOOD, FL 33020  KUMINOVA, YELENA - VP  140 S DIXIE HWY UNIT 701  HOLLYWOOD, FL 33020	Address: Name and Title: Address:	202	
Address	140 S DIXIE HWY UNIT 701 HOLLYWOOD, FL 33020 KUMINOVA, YELENA - VP	Address: Name and Title:  Address:  Name and Title:	202	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLEVI	REGISTERED AGENT		
The name and F	florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	LEVON STAMBOLTSYAN		
Address:	140 S DIXIE HWY UNIT 701		
	HOLLYWOOD, FL 33020		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	LEVON STAMBOUTSYAN		
Address:	140 S DIXIE HWY UNIT 701		
	HOLLYWOOD, FL 33020		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>		
Effective date, i	f other than the date of filing:	(OPTION,	AL)
(If an effective filing.)	date is listed, the date must be specific and c	annot be more than live day	s prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the appli effective date on the Department of State's rec	cable statutory filing requirem ords.	ents, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as re	cess for the above stated corpor gistered agent and agree to ac	ration at the place designated in this t in this capacity
	Lavon Stamboltsyan  Required Signature Registered Agent		02/04/2025
	Required Signature Registered Agent	<u> </u>	Date
I submit this do document to the	cumens and affirm that the facts stated herein Department of State constitutes a third degree	n are true. I am aware that th felony as provided for in s.817	to false information submitted in a 7.155, F.S.
,	Levon Stamboltayan		02/04/2025
Required Signat	ture/Incorporator		Date

