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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
EVOLUTION DENTAL EDUCATION & CONSULTING CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EVOLUTION DENTAL EDUCATION & CONSULTING CORPORATION

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

PRINCIPAL 4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140

MAILING 4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140

ARTICLE III SHARES: The number of shares of stock is: 1000

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

PRESIDENT / RAFFAELE PISANO UHRI

4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140

VICE PRESIDENT / MARIA DEL PILAR J RIOS CALVO

10770 NW 66 VA ST #312 DORAL FL 33178

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

RAFFAELE PISANO UHRI

4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

RAFFAELE PISANO UHRI

4045 SHERIDAN AVE SUITE 249 MIAMI BEACH, FL 33140

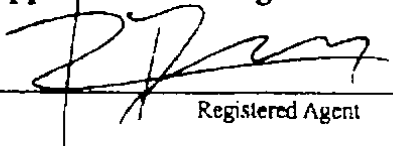
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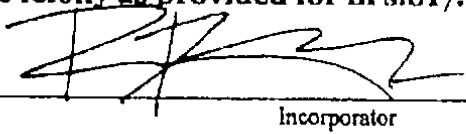
ED

Required Signatures:

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


 _____ 01/19/2023
 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.


 _____ 01/19/2023
 Incorporator Date

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