



6461886

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| | Office of the Secretary of State ARTICLES OF INCORPORAT CA PROFESSIONAL CORPO California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 | ION RATION | Fil Da |
|-------------------------|--|--|-----------|
| | | | |
| Corporation Name | 20 | ANKITA KATHPALIA DDS COF | 20 |
| Corporation Nam | | ANKITA KATHPALIA DDS COP | |
| | f Principal Office of Corporation | | |
| Principal Addres | S | 228 N LAKE MERCED HILLS SAN FRANCISCO, CA 94132 | |
| | | 3/11/10/10/000, 0// 34102 | |
| Initial Mailing Address | of Corporation | | |
| Mailing Address | | 228 N LAKE MERCED HILLS SAN FRANCISCO, CA 94132 | |
| Attention | | | |
| Agent for Service of Pr | ocess | | _ |
| Agent Name | | ANKITA KATHPALIA | |
| Agent Address | | 228 N LAKE MERCED HILLS SAN FRANCISCO, CA 94132 | |
| Shares | | | |
| The total numbe | r of shares the corporation is authorize | d to issue is: 25,000 | |
| Does the corpora | ation have more than one class or serie | es of shares? No | |
| Purpose Statement | he cornoration is to engage in the profe | ession of DENTISTRY and any other law | <i></i> |

STATE OF CALIFORNIA

e of the corporation is to engage in the profession of DENTISTRY and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a professional corporation within the meaning of California Corporations Code section 13400 et seq.

Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.

| Electronic Signature |
|---|
| By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation and that all information is true and correct. |

| CRISTAL MUNOZ | 11/14/2024 |
|------------------------|------------|
| Incorporator Signature | Date |