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G B L A O K FEB 13 2003

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

George Rene Nicolas, D.M.D., P.A.

Signature

Requested by:

Name

Date

Time

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- ☐ Certificate of Fictitious Name
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- ☐ Fictitious Owner Search
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
GEORGE RENE NICOLAS, D.M.D., P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be **GEORGE RENE NICOLAS, D.M.D., P.A.**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **20423 STATE ROAD 7, SUITE F18, BOCA RATON, FL 33498**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares at no par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **GEORGE R. NICOLAS at 19615 DINNER KEY DRIVE, BOCA RATON, FL 33498**

ARTICLE V - INCORPORATOR

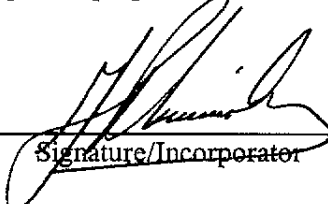
The name and address of the incorporator of these Articles of Incorporation are:
GEORGE R. NICOLAS at 19615 DINNER KEY DRIVE, BOCA RATON, FL 33498

ARTICLE VI - DIRECTORS

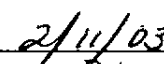
The corporation shall have one (1) director, and the initial director shall be:
GEORGE R. NICOLAS at 19615 DINNER KEY DRIVE, BOCA RATON, FL 33498

ARTICLE VII - PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are): **The Practice of Orthodontics**

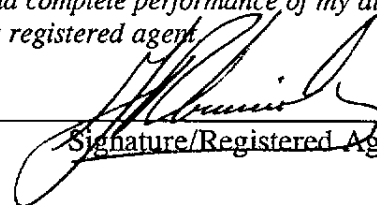


Signature/Incorporator

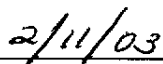


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date