

P03000035627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

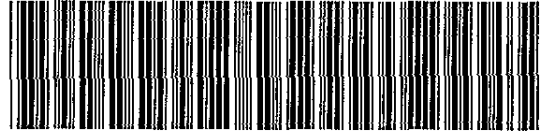
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 MAR 28 AM 11:47  
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TALLAHASSEE, FLORIDA

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03 MAR 28 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/2/01

## CAPITAL CONNECTION, INC.

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

1-800-my Dentist Inc

Signature \_\_\_\_\_

Requested by: AW 3/28

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

\_\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ Courier \_\_\_\_\_

ARTICLES OF INCORPORATION  
OF  
1-800-MY DENTIST, INC.

FILED  
03 MAR 28 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as sole incorporator of 1-800-MY DENTIST, Inc., under Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I

Name and Office

The name of the corporation shall be 1-800-MY DENTIST, Inc., and the corporate address shall be 6939 Sylvan Woods Dr., Sanford, FL 32771.

ARTICLE III

Duration

The duration of the corporation is perpetual.

ARTICLE III

General Purposes

The purpose of the corporation is to engage in any acts or activities for which a corporation may be organized under Chapter 607 of the Florida Statutes.

ARTICLE IV

Shares

The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000) consisting of a single class of common stock, \$1.00 par value per share.

ARTICLE V

Initial Registered Office and Agent

The address of the initial Registered Office of the corporation is 5141 Garlanger Trail, Oviedo, FL 32765 and the initial Registered Agent at such address is Harris N. Dvores.

**ARTICLE VI**

**Initial Board of Directors**

The number of Directors constituting the initial Board of Directors of the corporation is one (1). The number of Directors may be increased or decreased from time to time, but in no event shall the number of Directors be less than one (1). The name and address for the person who is to serve as initial Director until the first annual meeting of the shareholders of the corporation or until a successor Director is elected and shall qualify is:

Peter S. Balise  
6939 Sylvan Woods, Dr.  
Sanford, FL 32771

**ARTICLE VII**

**Preemptive Rights Granted**


Each shareholder of this corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the corporation.

**ARTICLE VIII**

**Incorporator**

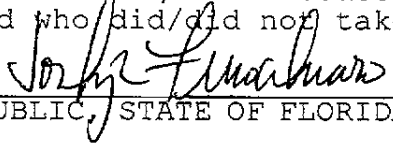
The name and address of the sole incorporator of the corporation is: Harris N. Dvores, 5141 Garlanger Trail, Oviedo, FL 32765.

IN WITNESS WHEREOF, these articles have been signed by the undersigned incorporator this 27th day of March, 2003.

  
Harris N. Dvores, Incorporator

STATE OF FLORIDA  
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 27th day of March, 2003, by Harris N. Dvores, who is personally known to me or produced FDH#DL233458329D as identification, who executed the foregoing Articles of Incorporation, and who did/did not take an oath.

  
NOTARY PUBLIC, STATE OF FLORIDA

Notary's Name Printed

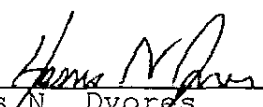


Jocelyn Finocchiaro  
My Commission CC977464  
Expires October 25, 2004

**ACCEPTANCE OF APPOINTMENT BY  
INITIAL RESIDENT AGENT**

**THE UNDERSIGNED**, an individual resident of the State of Florida, having been named in Article V of the foregoing Articles of Incorporation as initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that he is familiar with, and hereby accepts, the obligations set forth in Section 607.0505, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to him as Registered Agent of the corporation.

**DATED**, this 27<sup>th</sup> day of March, 2003

  
\_\_\_\_\_  
Harris N. Dvoretz  
Registered Agent

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TALLAHASSEE, FLORIDA