

*P9900022181*

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Dental Plus, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 99 MAR 10 PM 1:00

- ☒ Walk in   
 ☒ Pick up time 2:00   
 ☒ Certified Copy  
☐ Mail out   
☐ Will wait   
☐ Photocopy   
☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 99 MAR 10 AM 11:20  
 DIVISION OF CORPORATION

Examiner's Initials



## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I- NAME**

The name of the corporation shall be:

DENTAL PLUS, INC.

### **ARTICLE II- PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

11352 Quail Roost Drive

Miami, Florida 33157

### **ARTICLE III- SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares having and individual par value of \$1.00

### **ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Drumnia Maiquez

12820 S.W. 188<sup>th</sup> Street

Miami, Florida 33177

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TALLAHASSEE FLORIDA

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**ARTICLE V- INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):**

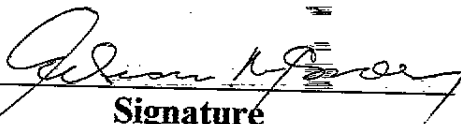
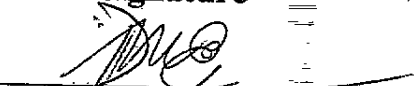
Adriano S. De Cardenas, D.D.S.-	6914 Main Street #263 Miami Lakes, Florida 33014
Drumnia Maiquez-	12820 S.W. 188 <sup>th</sup> Street Miami, Florida 33177

**ARTICLE VI- DIRECTOR(S)**

**The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):**

Adriano S. De Cardenas, D.D.S.-	51%-Percent Shares President 6914 Main Street #263 Miami Lakes, Florida 33014
Drumnia Maiquez-	49%-Percent Shares Vice President/Secretary and Treasurer 12820 S.W. 188 <sup>th</sup> Street Miami, Florida 33177

**The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25 day of February, 1999.**


Signature

Signature

Article of Incorporation  
Filing Fee- \$35



**CERTIFICATE OF REGISTERED AGENT**  
**REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Dental Plus, Inc.
2. The name and address of the registered agent and office is:

DRUMNIA MAIQUEZ  
(NAME)

7859 NW 15<sup>TH</sup> STREET  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33126  
(CITY/STATE/ZIP)

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 \_\_\_\_\_

DATE \_\_\_\_\_

[Signature]  
3/25/99

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TALLAHASSEE FLORIDA

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