

OFFICE USE ONLY (Document #)

19900034686

HAZARUS 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

000002840140--4

-04/15/99--01066--024

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

OFFICE USE ONLY

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

1. BEST DENT REMOVAL, INC.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

Walk in  Pick-up time 2.00

Certified Copy

Mail out  Will wait

Photocopy

Certificate of Status

99 APR 15 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

99 APR 15 AM 11:25  
DIVISION OF CORPORATION  
RECEIVED

Examiner's Initials

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

**BEST DENT REMOVAL, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**20840 N.W. 3RD CT  
PEMBROKE PINES, FL 33029**

**ARTICLE III SHARES**

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

**1000 SHARES AT NO PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial regised agent is :

**MILTON MACHADO  
20840 N.W. 3RD CT  
PEMBROKE PINES, FL 33029**

**ARTICLE V INCORPORATOR(S)**

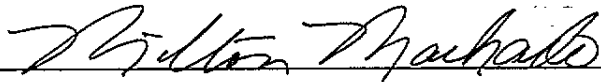
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**PRESIDENT**

**MILTON MACHADO  
20840 NW 3RD CT  
PEMBOKE PINES, FL 33029**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 9TH DAY OF APRIL 1999



Signature

Signature

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 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:  
**BEST DENT REMOVAL, INC.**

2. The name and address of the registered agent and office is:

**MILTON MACHADO  
20840 N.W. 3RD CT  
PEMBROKE PINES, FL 33029**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

*Milton Machado*  
Signature

20840 N.W. 3<sup>RD</sup> CT.

PEMBROKE PINES, FL.

33029