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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FERNANDEZDENT, P.A.**

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**ARTICLES OF INCORPORATION  
OF**

**FERNANDEZDENT, P.A.**

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of this corporation shall be:

**FERNANDEZDENT, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

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

**10985 SW 48<sup>TH</sup> STREET  
MIAMI, FL 33165**

**ARTICLE III PURPOSE**

The purpose of this corporation shall be: **DENTISTRY**

**ARTICLE IV CAPITAL STOCK**

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock with a \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial Registered Agent of this corporation shall be:

**YENY FERNANDEZ  
10985 SW 48<sup>TH</sup> STREET  
MIAMI, FL 33165**

**ARTICLE VI BOARD OF DIRECTOR(S)**

The name and address of the officers and board of directors shall be:

**PRESIDENT  
YENY FERNANDEZ  
10985 SW 48<sup>TH</sup> STREET  
MIAMI, FL 33165**

**ARTICLE VII INCORPORATOR(S)**

The name and address of the incorporator(s) to these Article of Incorporation shall be:

**YENY FERNANDEZ  
10985 SW 48<sup>TH</sup> STREET  
MIAMI, FL 33165**

The undersigned has executed these Articles of Incorporation this 4<sup>TH</sup> day of FEBRUARY, 2014.



\_\_\_\_\_  
INCORPORATOR

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DIVISION OF CORPORATION

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

**FERNANDEZDENT, P.A.**

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.



**REGISTERED AGENT**

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