

N1100004585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

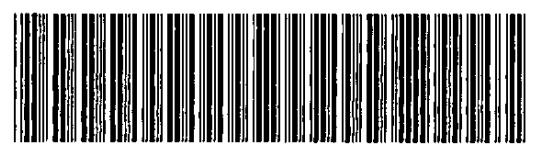
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

with 22205 /u  
PS 5/10/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 MAY -9 PM 1:57  
DIVISION OF CORPORATIONS

April 20, 2011

DENTAL LIFELINE NETWORK  
1800 15TH ST, SUITE 100  
DENVER, CO 80202

SUBJECT: DENTAL LIFELINE NETWORK - FLORIDA, INC.  
Ref. Number: W11000022205

We have received your document for DENTAL LIFELINE NETWORK - FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 111A00009613

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Dental Lifeline Network - Florida, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Dental Lifeline Network  
Name (Printed or typed)

1800 15th Street, Suite 100  
Address

Denver, CO 80202  
City, State & Zip

303-534-5360  
1800 15th Street, Suite 100 Telephone number

mbosworth@dentallifeline.org  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME** Dental Lifeline Network - Florida, Inc.  
\*The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1800 15th Street, Suite 100  
Denver, CO 80202

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The mission of Dental Lifeline Network - Florida is to make oral health accessible to eligible individuals who are disabled, elderly or medically at-risk.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The officers of this Corporation shall be chosen bi-annually by the Board of Directors. *cont. Pg 2*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cesar Sabates, DDS Name and Title: \_\_\_\_\_  
Address: President Address: \_\_\_\_\_  
747 Ponce de Leon Blvd.  
Coral Gables, FL 33134

Name and Title: Michael Eggatz, DDS Name and Title: \_\_\_\_\_  
Address: Officer Address: \_\_\_\_\_  
17190 Palm Blvd., Suite 4  
Weston, FL 33326

Name and Title: Bill Beckman Name and Title: \_\_\_\_\_  
Address: Officer Address: \_\_\_\_\_  
3260 Birch Terrace  
Davie, FL 33330

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Cesar Sabates, DDS  
Address: 747 Ponce de Leon Blvd.  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

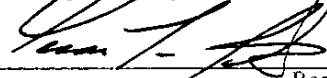
Name: Cesar Sabates, DDS  
Address: 747 Ponce de Leon Blvd.  
Coral Gables, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature of Registered Agent

4/6/2011  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature of Incorporator

4/6/2011  
\_\_\_\_\_  
Date

**ARTICLES OF INCORPORATION ADDENDUM**  
**DENTAL LIFELINE NETWORK – FLORIDA, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – MANNER OF ELECTION:** The manner in which the directors are elected and appointed.

As stated in the bylaws:

The officers of this Corporation shall be chosen bi-annually by the Board of Directors. Each director shall be elected by a majority vote of the whole Board of Directors for a term of three (3) years. The term of office of each Director shall commence on the first day of July following his/her election and shall continue through the thirtieth day of June in the third year of the term for which the director was elected, provided that a director shall continue to serve until his/her successor shall have been elected and qualified.