

TRANSMITTAL LETTER
P00000004784

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

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-01/10/00--01100--004
*****87.50 *****87.50

SUBJECT: Dental Group 1956, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Ilya Stein
Name (Printed or typed)

20225 NE 34th Court #2412
Address

Aventura, FL 33180
City, State & Zip

(305) 935-5759
Daytime Telephone number

FILED
00 JAN 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1/14/00

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Dental Group 1956, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1249 North St. Rd. 7, Lauderhill, FL 33313

ARTICLE III SHARES

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

1000 shares. To be distributed in accordance with the partnership agreement(s).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ilya Stein
20225 NE 34th Court #2412
Aventura, FL 33180

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Ilya Stein
20225 NE 34th Court #2412
Aventura, FL 33180

Ilya Stein
Signature/Incorporator

1/7/00
Date

(An additional article must be added if an effective date is requested.)

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

Ilya Stein
Signature/Registered Agent

1/7/00
Date

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JAN 10 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA