

CORPORATION(S) NAME

100003106071--7 -01/21/00--01027--016 *****78.75 *****78.75

<u>Kias</u>	sental plac	E INC:	
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() Foreign	() Dissolution	() Mark	1-
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent	1-800-432-3028
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ARTICLES OF INCORPORATION

TION

P. 002

RECRETARY OF STAIL

In District

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorpora corporation under the laws of the State of Florida.	tion, natural person(s) competent to	contract, hereby form a
ARTICLE 1 - CO	1 00 RPORATE NAME	 -01/21/0001027016 *******78.75 ******78.
Lid's Denta	Place Inc.	
ARTICLE II	- DURATION	
This corporation shall exist perpetually unless dissolved acco	ording to Florida law.	-
ARTICLE III	' - PURPOSE	<u>.</u>
The corporation is organized for the purpose of engaging in a United States and the State of Florida.	ny activities or business permitted	under the laws of the
The corporation is authorized to issueTen	~	. : : : : : : : : : : : : : : : : : :
Dollar(s) (\$ 1.0) par value Common Stock, wh	shares (10.0) of One ich shall be designated "Common s	Shares".
ARTICLE V - INITIAL REGIST	ERED OFFICE AND AGENT	•
The street address of the Initial Registered Agent office and the	ne name of the Initial Registered Ag	gent at that office is:
NAME Kathy Garcia DMD	***	
ADDRESS Half S. University Dri	R	
corr Plantation	FLORIDA	zip33324
The principal office, if known, or the mailing address of the co		ZIROJAŢ
NAME KOHHY Garcia, DMD		
ADDRESS 1019 S. University Dr	ive	
Plantation	FLORIDA	222 211

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two	(2) directors initially. The number of	of directors may be either
increased or diminished from time to time by the of the initial director(s) of the corporation are as f	DY"Laws, but shall never he less than one (1).	. The names and addresses
NAME KOLTHY Garcia, Dr	nD ·	
ADDRESS 1019 S. Universit	y Drive	
erry Plantation	STATE Florida	zip33324
NAME Stephen C. Najo	<i>man</i>	
ADDRESS 3165 NE 1844	St. #6106	-
city Aventura	STATE FL	zip33160
NAME		
ADDRESS		-
CITY	STATE	ZIP
ARTIC	LE VI I - INCORPORATORS	
The names and addresses of the incorporators sign	ing these Articles of Incorporation are as foll	ows:
NAME KOHLY Garcia, Dr	nD	
ADDRESS 1019 S. University	y Drive	
cmy Plantation	STATE FL	ZIP 33324
NAME		ZIP 75584
ADDRESS		:
CITY	STATE	Zîp
NAME		- Lit
ADDRESS		
CITY	STATE	ZIP
		441
		- 14
IN WITNESS WHEREOF, the undersigned subscribed of	iber(s) have executed these Articles of Incorp	oration this 18th
)	-
	Kathy Lucia a	and and
	77	(Seal)
		(Seal)
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Kid's Dental Place Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

Plantation, FL 33324

has named Kothy Garcia, DmD

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to provisions of Florida Law in keeping open said office.

(registered agent)