

OFFICE USE ONLY

LAZARUS 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

OFFICE USE ONLY

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

1. APOLLO DENTAL, INC.

(Corporation Name)

(Document #)

500003106235--4

-01/21/00--01059--017

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

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

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JAN 21 AM 11:49

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN 21 PM 2:38

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Examiner's Initials

# CERTIFICATE OF INCORPORATION

## ARTICLE I

### NAME

The name of this Corporation shall be:

APOLLO DENTAL, INC.

## ARTICLE II

### NATURE OF BUSINESS

This Corporation may engage in any activity of business permitted under the laws of the United States of America and the laws of the State of Florida.

## ARTICLE III

### TERM OF EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida. The date on which corporate existence shall begin is the date of incorporation.

## ARTICLE IV

### MINIMUM CAPITAL

The amount of capital with which the Corporation shall begin business shall not be less than Five hundred dollars (\$500.00), or such greater amount as may be required by law.

## ARTICLE V

### CAPITAL STOCK

This Corporation is authorized to issue shares of stock as follows:

- A. Designation: The stock of this Corporation shall be known as Common Stock.
- B. Authorized: The maximum number of shares of Common Stock that this Corporation may issue is One hundred (100) shares, having a par value of Five dollars (\$5.00) per share.
- C. Consideration: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or any combination of the foregoing. In the

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absence of fraud in the transaction, the judgment of the Board of Directors as to the value of any such consideration shall be conclusive.

- D. Voting rights: Each share of Common Stock shall entitle the record holder thereof to one vote upon each proposal presented at meetings of the Stockholders of the Corporation.

- E. Liquidation rights: Holders of Common Stock are entitled, in the event of the liquidation or dissolution of this Corporation, to receive their pro-rata share of any assets of this Corporation remaining after payment of all corporate debts and obligations.

## ARTICLE VI

### NUMBER OF DIRECTORS

This Corporation shall at all times have at least one Director. The Stockholders of this Corporation may, from time to time, and at any time, increase or diminish the size of the Board of Directors of this Corporation, provided that the Corporation shall at all time have a minimum of one Director.

## ARTICLE VII

### AMENDMENT

This Certificate of Incorporation may be amended in any manner consistent with the laws of the State of Florida.

## ARTICLE VIII

### SPECIAL VOTING PROVISIONS

The occurrences enumerated in this Article shall not be authorized, nor shall they have any force or effect, unless assented to in writing by the holders of the required percentage of this Corporation's stock entitled to vote at the time of the proposal of any such occurrence. For each such occurrence, the required percentage shall be as follows:

1. Amendment of this Certificate of Incorporation:  
Required percentage ==> 51%
2. Sale, lease, or exchange, of all this Corporation's property and assets, or of any property or assets of this Corporation essential to the business of this Corporation:  
Required percentage ==> 51%
3. Merger or consolidation of this Corporation into or with any other Corporation:  
Required percentage ==> 51%
4. Voluntary dissolution of this Corporation:

Required percentage ==> 51%

## ARTICLE IX

### STOCKHOLDERS AND DIRECTORS

The name and addresses of the Stockholders and Directors are as follows:

| <u>NAME</u> | <u>ADDRESS</u>   | <u>OFFICE</u>    | <u>SHARES</u> |
|-------------|--|------------------|---------------|
| NICK LEKKAS | 6450 COLLINS AVENUE, STE #1103<br>MIAMI BEACH, FLORIDA 33141 | DIR/PRES/SEC/TRE | 100           |

## ARTICLE X

### REGISTERED AGENT

The Registered Agent and the Registered Office of this Corporation shall be:

NICK LEKKAS  
6450 COLLINS AVE., STE# 1103, MIAMI BEACH, FL. 33141

## ARTICLE XI

### SUBSCRIBER, INITIAL DIRECTOR AND INITIAL PRINCIPAL OFFICE

The undersigned individual, a United States resident competent to contract, executes this Certificate of Incorporation as its Subscriber and Director. The undersigned individual shall hold office as a Director until his successors have qualified, following their election or appointment. The street address of such individual shall be the initial street address in Florida of the principal office of this Corporation. The Corporation may change its principal office at any time.

Subscriber and Director: NICK LEKKAS  
Address of Principal Office: 6450 COLLINS AVE., STE # 1103  
MIAMI BEACH, FL 33141

IN WITNESS WHEREOF, the undersigned Subscriber does make, subscribe, acknowledge, and file this Certificate for the purpose of forming a Corporation for profit under the laws of the State of Florida.

Date: 01-19-2000

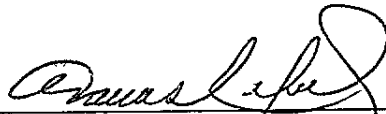
  
NICK LEKKAS

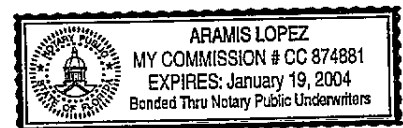
STATE OF FLORIDA) ss:  
COUNTY OF DADE )

Before me, the undersigned authority, personally appeared to me well known and known to me to be the individual described in, and who executed the foregoing Certificate of Incorporation, and who acknowledged before me that the same was executed for the purpose therein expressed.

In witness whereof, I have hereunto affixed my hand and official seal at Hialeah, Dade County, Florida.

Date: 01-19-2000

  
NOTARY PUBLIC



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED**

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In pursuance of chapter 48.091, Florida statutes, the following is submitted in compliance with  
Said Act:

That **APOLLO DENTAL, INC.** corporation, desiring to organize under the laws of the State  
of Florida with its Principal Office, as indicated in the Articles of Incorporation at the City of **MIAMI  
BEACH**, County of **MIAMI-DADE**, State of Florida, has named **NICK LEKKAS** as its agent to  
accept service of process within this State.

Having been named to accept service of process for the above stated Corporation, at the place  
designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the  
provisions of Said Act relative to keeping open Said Office.

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00 JAN 21 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

  
REGISTERED AGENT