## POODOOS4488

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

| CYTE YE CT.      | Dental l  | Management Systems Inc.                                     |                                      |  |   |
|------------------|---|---|--------------------------------------|--|---|
| SUBJECT:         | (Proposed corporate name - must include suffix) |   |                                      |  |   |
| Enclosed is an   | original  | and one(1) copy of the article                              |                                      | 00003181<br>-03/31/00(<br>*****78.75<br>check for: | 9751<br>31067005<br>*****78.75                        |
| ☐ \$70<br>Filing | 0.00  | \$78.75 Filing Fee & Certificate                            | \$122.50 Filing Fee & Certified Copy | \$131.25 Filing Fee, Certified Copy & Certificate  |   |
|                  |   |   | ADDITIONAL CO                        | OPY REQUIRED                                       |   |
| I                | FROM:   | Access Incorporation Services, Ir                           | rinted or typed)                     | <del></del>  | 1- 1- 1-  |
|                  | 21550 Oxnard Street, Suite 300 Address          |   |                                      |  | FIL<br>2000 MAR 31<br>SECRETARY<br>TALLAHASSI         |
|                  |   | Woodland Hills, CA 91367  City, State & Zip  (818) 592-4034 |                                      |  | FILED  MR 31 M II: 28  ETARY OF STATE  HASSEE, FLORID |

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

Daytime Telephone number

OR 4/5

FILED

2000 MAR 31 AM 11: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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.

| Signature/Incorporator  | Date  |
|---|---|
| Woodland Hills, CA 91367  | February 29, 2000                                 |
| 21550 Oxnard Street, Suite 300  |   |
| Gannon Stride   |   |
| The name and address of the incorporator to these Ar                                | ticles of Incorporation are:                      |
| ARTICLE V INCORPORATOR  |   |
| Louis Rosellini 1- 7669 Eagles Flight Lane 7, Fort Myers, FL 33912                  |   |
| The name and Florida street address of the initial regist                           | ered agent are:                                   |
| ARTICLE IV INITIAL REGISTERED ACI   | ENT AND STREET ADDRESS                            |
| 2000  |   |
| The number of shares of stock that this corporation is a                            | uthorized to have outstanding at any one time is: |
| ARTICI E III SHARES   |   |
| Fort Myers, FL 33912  |   |
| 7669 Engles Fl  | ight Lane   |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of | this corporation shall be:                        |
| Dental Management Systems Inc.  |   |
| The name of the corporation shall be:   |   |
| ARTICLE I NAME  |   |
| ADDICTET NAME   |   |

(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

Signature/Registered Agent

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